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LECTURES

ON THE

THEORY AND PRACTICE OF MIDWIFERY,

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE XXVII.

Of the Indication of the Death of the Fœtus.

WHEN instruments become necessary, the perforator more especially, it is always desirable to know whether the fœtus be or not alive, and we will therefore proceed to remark a little on the diagnostics by which this point is decided.

You will sometimes find in labours, that the cuticle is coming away from the head in large flakes, an occurrence, however, by no means frequent, or if frequent, not, I think, often observed. Now, if you perceive the cuticle separating from the scalp in the same manner as it desquamates from dead bodies in the dissecting room, you may always suspect that the fœtal vitality is extinct. Though the desquamation of the cuticle, however, is a strong presumptive argument in affirmation of the death of the fœtus, it certainly is not demonstrative; for cases have been related, and, among the rest, one by Dr. Orme, in which the cuticle has separated, in consequence of cutaneous disease, the children being alive notwithstanding; so rare, however, are these cases, that I should feel disposed in practice to look on them as of no account, were it not that human life is at stake. Again, when the child is dead, I find in general that this may, after a time, be ascertained by the dislocation of the bones of the cranium, and their complete detachment from each other, so that the cranial contexture seems to be thoroughly broken up. In cases of this kind, you feel all the bones at liberty, and floating, as it were, in the mollified brain. Hunter used to compare the head in this condition to a bag of shells. Mere mobility of the bones without displacement, and solution of union, is no proof whatever of death. Children on this evidence declared to be still, have, to my knowledge, begun to cry lustily immediately on entering the world. I repeat it, therefore, to demonstrate death, the bones must be detached and afloat.

By laborious and other labours, it sometimes happens, that the umbilical chord lies within reach of the fingers, descending along with the abdomen in the crural presentation, and, in presentations of the vertex, occasionally hanging down with the head. Well, in these cases, when the chord descends, if its pulsations are distinguishable, we may certainly infer that the fœtus is alive, for this pulsation arises from the beat of the heart; but if the chord be cold, and brown, and flaccid, and destitute of pulsation, you may then, I think, be satisfied that the fœtal life is extinct. Remember, at the same time, that where the chord comes down, a temporary suspension of the pulsation for a few minutes may arise from syncope, and that such temporary suspension is no certain proof of death; NO certain proof of that complete extinction of vitality, which renders resuscitation by the tracheal pipe or warm bath hopeless. By the condition of the chord, death is demonstrated in those cases only in which this part is found to be soft, and cold, and brown, or, for half an hour or an hour together, totally destitute of pulsation. These, then, are the three principal evidences on which I rely, in endeavouring to ascertain the decease of the fœtus —a desquamation of the cuticle, a complete solution of the connexion between the cranial bones, and, for 30 or 40 minutes together, a total cessation of pulsation in the umbilical chord; and of the three indications enumerated, to me it appears that the second will, in practice, be found of greatest value, I mean the total disruption of the osseous structure of the cranium.

Of the death of the fœtus, there are, too, other signs, which must not be passed without notice, although on them but little reliance can be placed. By your patient, you may sometimes be told that the fœtus must be dead; for, "I have not felt it for a day or

two." Now, be it remembered always, that the child may not be felt for hours, or days, or even for weeks together, and yet, nevertheless, it may be vigorously alive when born; certainly, so far alive, as to be resuscitated by the tracheal pipe or warm bath. Do not be deceived, therefore, into a notion that the fœtus is dead, merely because it has not been felt spurning or cuffing the uterus. By some it might be supposed that the child is dead, in those cases in which you cannot feel the pulsation in the fontanel. This might be made a very pretty subject for obstetric disputation; but when you are become more experienced in practice, you will not, I think, feel inclined to give much attention to this sign. If a child be prone to hydrocephalic, or affections of the convulsive kind, the pulsations of the fontanels may sometimes after birth be felt more distinctly than the beat of the radial artery; but, in health, even in vigorous children, the cerebral pulsation may not be clearly distinguished, and how can we then, in prudence, venture to infer the death of the fœtus, merely because the pulsation is indistinguishable at a time when the head is lying at the brim of the pelvis. Again: a strong proof of death is taken from the issue of a fetid discharge from the uterus, and yet you ought not to consider this sign as decisive, for these discharges are now and then observed, when the child is alive. Nor is it a certain proof that the child is dead, when, under the vertex presentation, you find the meconium is making its escape, the discharge being detected by the stain which it imparts to the fingers; for although this discharge, in many cases, arises from death and paralysis of the sphincter, yet, in two vertical presentations, I have observed a discharge of the meconium, though the fœtus was vigorously alive.

If the scalp is *emphysematous*, or the abdomen be tympanitic, this is a very strong presumption that the child is dead; and peritoneal tympanitis, easily discovered in crural presentations, is not very uncommon in its occurrence. So that it is not from the emphysema of the scalp, the discharge of the meconium, the fetid discharges from the uterus, the quiet of the fontanel, or the quiet of the child, but rather from the desquamation of the uterus, the cessation of the pulsation in the umbilical chord, and, above all, from the total breaking up of the bony structure of the cranium, that the death of the fœtus may be most certainly inferred.

If a woman have been repeatedly delivered by the use of the lever, the forceps, or the perforator, the children being still-born, she may sometimes ask you whether there is anything to be done in the way of preventing a repetition of this mournful operation, so as to facilitate her labour, or to preserve the life of some few of her children, or even of a single child? To this interrogatory, you may answer in the affirmative; for there is something very simple, and very effective, which may be attempted, and not without frequent success. And this something, consists in the induction of premature delivery; before the woman has reached the nine months, at the end of the fifth, sixth, seventh, or eighth months, for example, or even earlier in gestation. If our object in the induction, be simply to facilitate the parturition, by urging the labour when the child is small in its size, flexible, and of easy compression, the sooner we perform the operation the better. But if our object be, as generally, to obtain a living child, then we ought not to induce premature delivery till seven months and a fortnight of the frequency are completed; fœtuses born at this age, are frequently reared; but fœtuses born before this age of pregnancy, more frequently die than survive; their stomach and bowels are too weak to bear the milk; and with gastric, cephalic, or other affections, they are frequently carried off.

The difficulties with which you have to contend, in endeavouring to save children by the induction of premature delivery, are principally the following: when labour occurs before the full term of nine months, not infrequently the children lie preternaturally; the number of preternatural presentations, in the opinion of some, exceeding the natural. These preternatural presentations are often the cause of still-birth; for if the arm present, or the presentation be of the feet or breech, or of mixed character, the contraction of the pelvis delays the birth of the head and shoulders, and the fœtus perishes in consequence of pressure on the chord, at a time when respiration is prevented, not to dwell upon the risk of fractures of the extremities, or ruptures and dislocation of the neck. Nor is the preternatural presentation the sole, though a principal, difficulty. A woman may be wrong in her reckoning; she may suppose that she is seven months advanced in her pregnancy, when, in truth, she is not advanced beyond the sixth; or, it may be, that she may think her pregnancy is of eight months only, when, in reality, it is of nine; and the fœtus, of consequence, may be too large to make its way unopened through the pelvis. When, too, the labour has been frequently induced prematurely, the uterus sometimes forms a habit of spontaneously expelling the fœtus, and thus labour of itself supervening, before the close of seven months and a fortnight; the fœtus may be so young and feeble, that it has not strength for the rearing.

It seems, therefore, that the induction of premature delivery, as a remedy for con-

tractions at the brim, is not without its disadvantages; for remedies, like ourselves, have their defects as well as excellencies; optimus ille qui minimis negetur, but still, with all its faults about it, the practice is of great value; and there are now living in society, individuals whose heads have, in this manner, been preserved from the perforator.

Of the Cæsarian Incisions.

In British practice sometimes, and on the continent more frequently, delivery being impracticable by the natural passages, the abdomen and uterus are both laid open by extensive incision, and the ovum is abstracted through the aperture; the operation being, I conceive, denominated the incisory or Cæsarian, on account of the extensive use of the knife which it requires.

To perform the Cæsarian incisions, as indeed most of the higher operations of surgery, some intrepidity is necessary, and some little share of intellect is required; but, as all the parts of the operation are brought fairly under the eye, their execution is by no means difficult. Before the incisions are made, the bladder ought, by all means, to be evacuated; and it is desirable, too, that the bowels, sometimes loaded in the end of pregnancy, be thoroughly cleared of their contents. Women possessing perhaps a larger share of passive courage than men, we may, I believe, generally trust to their fortitude; and I deem it, therefore, unnecessary to alarm by the use of ligatures, though a steady assistant, of firm nerves, ought to stand on either side in readiness to secure the patient, should her resolution fail.

Different operators may give a preference to different positions of the body; for myself, I should wish the patient to be quietly transferred to the edge of the bed, to rest there in the recumbent position, with the head and shoulders a little elevated, and the legs lying forth beyond the bedstead, so as to hang upon the floor. The body then being placed in the most commodious position, the surgeon, with a large sharp-edged scalpel, may make a longitudinal incision of six inches, through the abdominal coverings, in the inferior half of them below the navel—I mean, where there is choice, to the left of the linia alba. This incision should be made on the inner edge of the rectus, the parts divided, in its progress towards the cavity of the peritoneum, being the integuments, the adipose membrane, the sheath of the rectus in front, the flesh of the muscle, the sheath of the rectus behind, and the membrane which gives a lining to the cavity of the abdomen. These incisions completed, the uterus is brought fully under view, of a dusky rosy tint; and through its substance a further incision of six inches is made, in correspondence with the former; the peritoneum, the muscle, and the membrane which invests the womb internally and secretes the catamenia, being the part which is cut through. By this division of the uterus, the ovum being exposed, the accoucheur lays open the membranes by rupture, and reaching and grasping the feet of the fœtus, he abstracts it by turning, proceeding immediately to withdraw the other fœtuses, should there chance to be a plurality, and concluding this part of the operation, with the immediate removal of the secundines. When the muscular fibres of the uterus are divided by the knife, they immediately retract. When the ovum is abstracted, the whole of the uterus collapses, and retreats into the pelvis, the intestines, under the expiratory movements, bursting forth at the opening; and the operator now completes the process, by replacing the viscera, removing the clots, closing the abdominal wound by gastrorraphy, and afterwards covering the parts with some light and simple dressing. Suture of the uterus has not been hitherto in general employed. Agreeably to the suggestion of Lizars, a dexterous and intrepid surgeon, who by his graphic illustrations of anatomy has secured longeval reputation, the temperature of the apartment should be about 90° of Fahrenheit's thermometer, not many degrees below the temperature of the internal parts of the body.

The operations of Lizars have shown, that extensive divisions of the abdominal coverings are not necessarily fatal. In the hope of unlocking the abdomen for surgical operation, I have myself endeavoured to prove, that extensive divisions of the peritoneum are not, in general, followed by fatal results. A record of the facts and experiments on which this opinion is grounded, you will find in my physiological Researches. Although, therefore, I would have you avoid an unnecessary division of integument in performing the Cæsarian incisions, I advise you to make them of the full length of six inches, as a shorter aperture would probably give rise to difficulty in the abstraction of the fœtus, without securing to the patient a countervailing advantage.

By some practitioners, we have been advised to place the Cæsarian incisions transversely, so that they may stretch between the linea alba and the sides of the abdomen. To omit, however, less weighty objections to this method of operating, I may remark, that the transverse incisions must lead the scalpel into the side of the uterus, where the large vessels are seated, whence, after the completion of the operation, a fatal internal hæmorrhage is to be apprehended;

nor must we forget, that by the transverse operation, the epigastric artery would be divided; so that, on both accounts, the longitudinal incision, generally adopted, seems, on the whole, to be the better of the two. Under these distortions of the pelvis, which create a need for the Cæsarian incisions, the uterus, usually thrown from its natural bearings, frequently lies so much to the right, or left, side of the linea alba, that the operator is compelled to place his incisions accordingly. It has been observed, however, that where there is choice, we should rather make our incisions to the left of the linea alba than the right, because, by so doing, we avoid the risk of wounding occasionally the ligamentum rotundum pervious, and of hereby perhaps producing a troublesome venous hæmorrhagy. The linea alba expanding, in common with the rest of the abdominal covering, in consequence of the enlargement of the uterus, may become dilated to double its original width; the breadth, in the living woman, being sometimes very easily ascertained by her making an attempt to rise from the recumbent to the sedentary position; for the muscles at this time becoming as hard as a piece of cartilage, their inner margins, and the interposed space, may be examined without difficulty. In operating upon dogs and rabbits, I have frequently divided the linea alba with impunity. After the operation of paracentesis, the aperture, through the linea alba, usually heals with facility. Surgeons, however, are not unreasonably averse from tendinous wounds prone to mortification, and we are advised, therefore, not to place our incisions in the centre of the abdomen, but over the rectus muscle, near its inner edge, so as to include the muscular flesh in the wound; and thus bring into co-operation, during the subsequent healing, those active living parts of which the muscle is composed. Remember, then, the breadth of the linea alba; remember, too, the situation of the epigastric artery, and the large capacity of those arteries which lie in the sides of the uterus; and, in your anxiety to keep clear of the linea, take care that you do not get so far from the margin of the rectus that you incur the risk of injuring these parts. A pregnancy of nine months, I believe, doubles the breadth of the rectus; in determining the situation of the epigastric, remember this.

Some might think, perhaps, that in removing the fœtus by the Cæsarian incisions, we ought to make the openings above the navel, instead of below. To this opinion, however, I can by no means accede; for, if we make the incisions above the navel, the intestines will protrude more copiously; the region of the placenta will most probably be divided, and, on the abstraction of the ovum, the womb, collapsing into the pelvis, will sink below our reach, disappearing beneath the intestines, which fall over it. Place the incisions, therefore, below the navel; by this collocation, you may avoid these impediments.

When closing the abdomen of animals, I have generally passed the suture completely through the abdominal coverings, so as to include the peritoneum; nor have I been led to suspect, that any ill consequences have necessarily resulted from this practice. In operating on the human subject, however, we are advised not to include the peritoneum in the stitches, and though I am not sure that much danger would result from the suture of this membrane, I deem it safer, in the present state of our knowledge, to observe the precaution recommended.

One observation more, and I conclude this part of our subject: if you intercept the contact between the semen and the rudiments you ensure sterility. My reasons for this opinion you will find in the Transactions of the Medico-Chirurgical Society for May, 1819. On the Continent, the same woman has been twice subjected to the Cæsarian operation. Mr. Barlow's patient, in this country, recovered, and might have become pregnant again. To preclude the possibility, therefore, of a second need for the incisions, before closing the abdomen, the operator, I conceive, ought to remove a portion, say one line, of the fallopian tube, right and left, so as to intercept its calibre—the larger blood-vessels being avoided. Mere division of the tube might be sufficient to produce sterility, but the further removal of a portion of the tube appears to be the surer practice. I recommend this precaution, therefore, as an improvement of the operation.

To the fœtus, the Cæsarian incisions are, it should seem, unattended with danger; though, in more than one-half of the British operations, the children have been abstracted still-born: death, however, being rather attributable to the delay of the operation than to any effects produced by the operation itself. But although, in these cases, the danger to the fœtus is small, if any, it is admitted, on all hands, that the peril to the mother is extreme; and, without staying to declaim on a subject so well fitted for babbling and eloquence, it may, perhaps, be worth our while to consider, what are the causes from which the danger arises, and what are the means whereby they may be superseded or alleviated. That the British surgeons understand, as they ought to do, the use of their hands and fingers, will, I presume, be admitted by all; that they are, further, acquainted with those laws of the injured parts which, understood and brought into operation, constitute the

best instruments in the armamentarium, can scarcely be denied; it is remarkable, however, notwithstanding these qualifications of our countrymen, that the success of the continent has greatly exceeded that of our own islands; and as we may not, I think, in candour impute this to superior chirurgical knowledge, we must look to other causes to which this foreign felicity may be ascribed. From the masterly work of a man of great powers, (Dr. Hull of Manchester) it appears, that although but few women in this country have recovered from the operation, yet in those continental operations which have been put upon record, amounting in number to between two and three hundred, more than one-half the women have survived. That glorious liberty of the press, which we may hope will be consummated by the admission of reporters into our bed-chambers, to note down and publish the secrets of the couch and pillow, may, perhaps, in part, account for this apparent want of success in this land of license and Esau-like fraternization. In England, should an operation fail, it is not very likely to remain concealed; but during the preceding centuries, on the continent, the darkness and smallness of the printing-house afforded facilities for silence, of which the unsuccessful operator was very likely to avail himself, even when his intentions were by no means dishonest; and thus, without reproach to our very able neighbours, it may be presumed, that from the circumstances of society, the failures and the successes of this operation may not have been recorded with equal fidelity; not to add, that some of these operations, so called Cæsarian, have perhaps, after all, been in reality of other nature. Nor is this all.—Should our planet meanwhile escape some of its former catastrophes, posterity will, probably, learn with surprise, some thousand years hence, what have been the opinions relating to these points, maintained by their predecessors. They may learn with surprise, not unmingled with indiscreet levity, that a large and religious body of their civilised forefathers had been of an opinion, not to be presumptuously touched, that if one of the children of our great Parent were permitted to perish in utero, without the administration of water and words, in consequence of an original and unexpiated moral taint, derived from our common horticultural ancestor, eternal perdition would very probably be its portion. Happy, however, as we are in another and a better system of opinions, we are not at all surprised to hear that by many, such a notion has been deemed both wholesome and tenable; and some tender mothers, who, with safety to themselves, might perhaps have been delivered by the natural passages, in this hope of securing to their children the baptismal advantages, have, with constitution on the whole healthy enough, been induced to submit, in preference, to an extraction of the fœtus, early in the labour, by means of the Cæsarian incisions.

Of British midwifery, however, it is a fixed rule not to remove the fœtus by the Cæsarian incisions, provided it may be abstracted by the natural passages; and hence our operations have usually been performed on women of broken constitutions, the subjects of malacosteon, generally, if not always, of itself a fatal disease. An able and resolute surgeon, Mr. Barlow, of Blackburn, had occasion to operate on a woman of vigorous habit, obstructed in consequence of previous fracture of the pelvis; and in this case, with which we have been favoured in his valuable essays, the woman resumed her domestic occupation in the course of a fortnight afterwards. And hence, perhaps, without illiberal derogation from continental merit, the greater success of the operation beyond our seas may rather be attributed to the silence the press, and to the misnomer of the operation; it may be, also, to the better condition of the patient, on whom the operation has been performed, than to any superior surgical skill exerted in its performance. But to proceed.

The dangers which attend the Cæsarian incisions, so frequently destructive to those who are compelled to submit to them, are I conceive, of various kinds, and may well deserve a little consideration from us. And first it may be observed, that the operation being alarming, the surgeon feels averse to urge its adoption, and the patient herself, terrified perhaps, can scarcely give her unforced consent till the collapse of her strength, and the protraction of the labour convinces her that there is no other hope. On both these accounts, the first especially, it frequently happens that contusion and exhaustion precede the operation; the fœtus, too, being already dead, in consequence of the pressure to which it is subjected under the action of the uterus; in a word, such irreparable mischief is sometimes done before the operation can be adopted, that if, by a fiat, as it were, the fœtus might be extricated, without incision, from the receptacle where it is incarcerated, it would then be too late to preserve either the mother or her offspring. Now this source of danger is the rather deserving of our consideration, because, by early operation, it may in good measure be avoided; and, I think, we may lay it down as an axiom in operations of this kind, that if to be performed at all, they ought to be executed without needless delay, as soon as the cordial assent of the patient may be obtained. Again.

If in the full flush and petulance of health,

you were to receive a severe blow upon the abdomen, or if, from other cause, the stomach or intestines were to become ruptured, with falling countenance and failing limbs, you would immediately take your stand in silence upon the brink of the grave, and there begin to consider of what clay you are made. And thus it is, that among the dangers of the Cæsarian operation, we must not omit to enumerate the narcotic effects resulting from injuries inflicted; two wounds, each of six inches, and which it is necessary to make, at least in the ordinary modes of operating. By Mr. Charles Bell we have been advised to make a small opening into the uterine cavity, afterwards dilating the orifice by the action of the fingers, in the same manner as the os uteri is sometimes laid open, when it becomes necessary to remove the ovum from the womb. This dilatation, as Bell justly observes, is likely to prove of more easy accomplishment, because the substance of the uterus is, perhaps, naturally of a somewhat obsequious and yielding kind, and it is not altogether impossible that this method of procedure may be found desirable, not only in those cases in which the placenta chances to cohere to that part of the womb which corresponds with the abdominal incision, but in every instance in which the Cæsarian delivery is requisite. This proposal, however, requires reconsideration. Contusions and lacerations might not without reason be apprehended. By dilating in this manner, we should diminish the extent of the uterine incision. *A priori* it seems probable that this would be an advantage; but in medicine, as in Pyrrhonism, nothing is sure.

For large bleedings to occur in consequence of the Cæsarian operation, it is not common; yet when the placenta has been deposited on that part of the uterus which is divided by the knife, as the uterine vessels are always very capacious in the region of the afterbirth, much internal bleeding may be expected. To meet this danger, Bell has proposed dilation in place of uterine incision; and I may observe here, by the way, that if with proper ligatures we could remove the womb altogether, in the manner already mentioned, this risk of internal bleeding would be cleared away at once. Further.

Much of the danger of the Cæsarian incisions must, I fear, be ascribed to a cause, over which, in the present state of our knowledge, we have but little control; I mean the cachexy of malacosteon. Mr. Marlow's patient, of fractured pelvis and healthy habit, recovered. The Cæsarian deliveries of the continent, performed on healthier constitutions than those of our own patients, have been attended, it may be, with corresponding success; but the British practitioner, pertinacious of his rule, using the incisory delivering in those cases only, where, by the natural passages, delivery is impracticable, in general finds himself compelled to operate in cases already desperate from malacosteon, as, unless there be fracture, it rarely happens that the pelvis, from any other cause than malacosteon, is contracted in that degree, which alone justifies the operation. After medicine and surgery have accomplished so much, however, I would fain persuade myself that they will not ultimately fail us here; and there is reason to hope, therefore, that, in the further progress of our knowledge, this cause of danger, in the operation, may admit of alleviation. Again.

When gentlemen are asked what is the cause of death after the Cæsarian delivery, they not infrequently tell us, that it is a diffused peritonitis; and when I first turned my attention to the profession, I used not infrequently to hear, that, like wild-fire, an inflammation commencing in a spot of the peritoneum, might be expected to spread rapidly over its whole surface. When, however, we have not the good sense and prudence to close our eyes and ears to what is passing round us—experience, troublesome and presumptuous experience, has sometimes the insolence to contradict, without qualification, our most favourite opinions; and I suspect, that something of this kind will be found to occur in the cases under consideration. That the risk of diffused peritonitis, from local injuries of the peritoneum, has been greatly exaggerated, I have endeavoured to show, in a small paper, printed in the Physiological Researches, and from the adverse opinions of my contemporaries on this point, I confidently appeal to posterity. In some future age, when our hearts and their petty passions are quiet in the dust, this opinion, not merely the plaything of a medical society, but whether right or wrong, of great importance to our race in all future ages, will probably be decided by accumulated experience—may I not add, in the affirmative. To this dijudication, I think it better to commit it; and I beg leave to subjoin, without rudeness, the suggestion of a very elegant writer, the Chesterfield of his day—contentinsi del giudizio del tempo il quale per essere padre della verità è giudice senza passione suol dare delle scritture giusta sentenza.

Knowing but little, with certainty, respecting the Cæsarian incisions, I do not venture to decide whether this peritonitis is, or not, a frequent cause of death; but I may add, that all my analogous experience is decidedly opposed to this doctrine, nor do I think that it ought to be received into your medical creed, without further corroboration. In philosophy, however, doubt is no crime, and in order to place yourselves

on the safe side, after the abdominal operations, sedulously watch for the expected peritonitis; and should it occur, let it be treated upon ordinary principles.

Mr. Lizars, recollecting that peritoneal inflammation, when the abdomen is laid open, may be produced by the coldness of the atmosphere, with laudable forethought, took the precaution of raising the temperature of the apartment, in which he performed his operations, to an elevation ranging between 80 and 90° of Fahrenheit's thermometer; and this practice, to the best of my judgment, seems to be well-deserving of imitation. That the oxygen of the atmosphere may operate as a peritonitic stimulus, was, I think, maintained by Monro; but this opinion, though plausible, has not been satisfactorily established.

Dr. Haighton, inflating through the tunica vaginalis, the peritoneal sac of the dog, so as to produce an artificial tympanites, found, in more than one experiment, that the air was gradually absorbed, not one symptom of peritonitis becoming manifest. Should it be proved hereafter, that the access of air contributes, in any important degree, to augment the risk of the Cæsarian delivery, it would be by no means difficult to disembarrass it of this danger, for, with a proper apparatus, we might avail ourselves of a proposition made by a gentleman, whose name is unknown to me, and operate beneath the surface of water, the heat of which might be brought to correspond with that of the internal part of the body. And thus much, then, respecting the dangers of this operation. But to proceed.

In speculative moments I have sometimes felt inclined to persuade myself, the dangers of the Cæsarian operation might, perhaps, be considerably diminished by the total removal of the uterus. Rabbits are tender animals, and, bearing many fœtuses, have wombs, after delivery, of great proportion and bulk, indeed nearly large enough to fill the hollow of the hand.—If the Cæsarian operation be performed on the rabbit in the ordinary way, unless I am much mistaken, it will be found that the animal, generally, perishes in consequence. But in four rabbits, recently delivered, I made an opening above the symphysis pubis; and raising the wombs from the abdomen, I elevated them above the aperture, the animal lying in the recumbent position, stretched out at full length. This accomplished, I took a ligature, with a needle on its centre, and carrying the point from behind forwards, I passed it completely through the vagina, afterwards cutting the needle away in this manner, so as to leave two strong ligatures hanging forth from the aperture. Having applied my ligatures, I tied one on the right side, and the other on the left, respectively, over the fallopian tube, drawing the threads very firmly, so as completely to cut off all communication with the vagina; and this part of the operation carefully performed, I took a knife and completely removed the wombs, cutting, for this purpose, very close upon the ligatures, afterwards replacing the parts; this done, after closing the abdominal wound by suture, I drew forward the ligatures through the wound, till I brought the raw surface, left by the removal of the wombs, in contact with the abdominal incision internally. By means of the ligature, the wound of the vagina, and adjacent parts, which must otherwise have been of great extent, being drawn together into a very narrow compass, became not broader than a sixpence, and I trusted that this might promptly contract adhesion with the inner surface of the abdomen. Beyond my hopes the operation succeeded; of the four rabbits three recovered, the fourth dying in consequence of the ligatures slipping from their place. Experiments of this kind, made upon different animals, are much wanted, for the importance of the subject renders multiplication and variety desirable here. Let us think maturely upon facts like these. In performing the Cæsarian delivery on the human body, perhaps this method of operating may hereafter prove an eminent and valuable improvement. Beware, however, of temerity—see what may be done on the dead body—gather facts—form inferences—write little—meditate much. Perhaps you may do something for obstetric surgery here. Let it be remembered, that in securing the vagina and removing the uterus, we are substituting a wound, well secured and of smaller extent, for one that is larger and not secured by ligature at all. Some months after delivery, when shrunk in bulk, the inverted uterus has been repeatedly extirpated with success—once by myself. Webber, of Yarmouth, successfully extirpated an inverted puerperal uterus, within a few days after delivery. All this is encouraging. Beware of rashness—beware of pusillanimity—think.

LECTURES ON CHEMISTRY,

BY

PROFESSOR BRANDE.

Delivered at the Royal Institution of Great Britain.

Lecture XL.

On Mercury, and its Compounds.

The next metal on our list is *mercury*, which is an important metal in many respects, but especially on account of its extensive use as a medicine. I shall occupy your time this morning in stating to you, the native sources of the metal, the mode of obtaining it in its pure state, and the principal combinations which it forms with other substances.

The most productive source of the metal is the sulphuret, or the mineral called *cinnabar*, but it does also occur in the pure state in the mines, where the sulphuret is found in small globules; but you must not allow yourselves to be deceived by the dealers in minerals, who pretend to sell you specimens of the native metal, since nothing is more easy than to sprinkle a little mercury over a piece of cinnabar and to collect it in the crevices of the stone. You may easily understand, however, that it may occur native in this state, and in some of the mines a considerable quantity of fluid mercury is collected, by placing vessels so as to catch the drippings of the metal from the rocks. The native sulphuret, or cinnabar, notwithstanding its extreme density and its state of high aggregation, is frequently crystallised and transparent. The mercury is obtained by distilling the sulphuret with iron, or lime, or by a careful kind of roasting of the sulphuret; and if it be roasted, with exposure to air, the mercury is volatilised and condensed in long pipes, and in this way it is obtained in large quantities. There is only one other native compound of mercury, which is more a matter of interest to the medical man than the chemist, and that is the native calomel, or a true chloride of mercury.

With the metal itself you are already familiarly acquainted; it is of a brilliant white colour, having much of the appearance of silver, and, from its being fluid at ordinary temperature, it was called *quicksilver*, *argentum vivum*, and, at present, *hydrargyrum*; it is solid, and malleable at 40°, and, at about 670°, it boils, and becomes converted into vapour. The weight of the metal is 200, and it enters into combination with oxygen in two proportions, forming a *protoxide* and a *peroxide*.

The *protoxide* of mercury is composed of one proportional and one, giving 208 as its equivalent; it may be obtained by precipitating the nitrate of mercury with an alkali, or from a mixture of calomel and lime water; but it is difficult to procure the black, or the protoxide, in a pure state, and it is singular in this respect, that it holds its oxygen by a weaker affinity than the peroxide, that contains two proportionals of oxygen, which is contrary to the general rule. It is nearly insoluble in water, but soluble in the acids, forming a peculiar class of salts, and this oxide assumes a crystalline form. If you digest the metal in excess of nitric acid, you obtain a solution, from which, by the addition of an alkali, you may procure the *peroxide*, which will be thrown down of a yellow colour, and will become red on exposure to heat. It is composed of one proportional mercury 200, and two proportionals of oxygen 16, so that its equivalent is 216. It enters into combination with various acids, and forms a class of salts which are all acid. If you take either of these acids, and apply heat to them, the ultimate effect is to reduce them both again to the metallic form; and you formerly heard, that it was from this substance that Dr. Priestley first obtained oxygen.

We shall now pass on to the compounds which mercury forms with *chlorine*. When mercury is exposed to chlorine in excess, a *perchloride* of mercury is formed, and if you triturate the perchloride with metallic mercury, it is converted into a *protochloride* of mercury. Here is the perchloride made by the direct action of the chlorine upon mercury, and here is the protochloride obtained by triturating it with the perchloride, and by applying heat.

In obtaining the *protochloride*, or *calomel*, for medical purposes, the pharmacopœia directs, the trituration of corrosive sublimate with fluid mercury, and that it afterwards be sublimed three times. Formerly the sublimation was repeated fourteen or fifteen times, and it was imagined that the sublimation gave the calomel blandness, or mildness, and hence it was called *mercurius dulcis*; at one part of the operation it was called *draconitigatus*, giving the name of *draco* to the corrosive sublimate; it was also called *aquila alba*, or the white eagle, but *calomel* is the term by which it is now generally distinguished, and it is a very unobjectionable one for common purposes. In one of the pharmacopœias, it was called *hydrargyrum muriatum mitius*, and corrosive sublimate was called *hydrargyrum muriatum*; so that if, by any chance, you left out the word *mitius*, the one substance was used for the other, and this was done in one of the old editions.

It is very inconvenient to alter pharmaceutical terms according to the changes in chemical nomenclature, and, as physicians in practice have not come to accord on this particular, I can see no objection to the term *calomel* for the one substance, and *corrosive sublimate* for the other, pharmaceutically speaking. Chemically speaking, we call the latter, the *perchloridum hydrargyri*, and the former, the *protochloridum hydrargyri*. Instead of which, some persons call them the *muriate* and the *oxymuriate*, which is decidedly improper, because there is no evidence whatever of muriatic acid being contained in these substances; they are chlorides and not muriates of mercury.

One of the best methods with which I am acquainted for obtaining *calomel*, consists, first, in forming a protosulphate of mercury, by boiling mercury in sulphuric acid and adding excess of metal, and heating the protosulphate with common salt. This process furnishes calomel in considerable quantity, and, if properly conducted, corrosive sublimate is not formed. On this table you see I have set down the sulphate of mercury 248, and common salt 60, which are their equivalent numbers, to show you the weights of the materials required. The consumption of calomel in this country being very considerable, and a large quantity of it being exported to the East Indies, it becomes an object to obtain it as pure as possible. Now, if we take these materials as dry as possible, and triturate them thoroughly together until the globules disappear, and then submit the mixture to heat, we obtain calomel, which should be washed in large quantities of distilled water, and afterwards be ground to a fine impalpable powder. Now, common salt contains 36 parts of chlorine, which combines with 200 parts of mercury to form 236 of calomel; and the sulphuric acid combines with the oxide of sodium to form sulphate of soda; thus, you see the importance of a table of this kind, of proportionals and numbers, to the manufacturing chemist; because if the manufacturer finds, that from 200 parts of mercury and 60 of common salt, he gets less than 236 parts of calomel, he may be sure that there is something faulty in the preparation. It is manufactured in large quantities at Apothecaries' Hall, and, by the contrivance of Mr. Heunell for subliming it, we can get within five or six pounds of the proper quantity. If you sublime in small vessels they get very hot, and calomel is deposited in a crystalline state; but if you use spacious subliming vessels, made of good conducting materials, and there is nothing better than sheet iron, you will find that the calomel, as it rises, falls down in an impalpable powder, like a shower of snow, and it then requires nothing more than washing it and levigating it, to obtain it in a state of minute division, and it is one of the great secrets of the sublimation to have a large vessel. Messrs. Howard and Jewell, of Stratford, took out a patent for the sublimation of calomel; in their process the calomel was at once received into water. This is a very good mode of obtaining it, but not better than the one I described to you.

Calomel, when recently prepared, is perfectly white and tasteless, but if kept some time it acquires a buff colour, which, however, is not of any importance, as far as its efficacy is concerned, provided always, that it be in very fine powder. Its specific gravity is 7.2; it is insoluble in water, and not poisonous, to use the term in its common acceptation. With regard to its composition, that is evident, from the statement which has been made; it is composed of one proportional metal 200, and one proportional chlorine 36, giving 236 as its equivalent, or representative number.

Now in this preparation you have taken the protosulphate of mercury, and common salt, and triturated them together, and the consequence was the production of the protochloride of mercury; but if you substitute for the protosulphate, the *per*sulphate, or oxysulphate of mercury, you will then obtain the *perchloride* of *mercury*, or *corrosive sublimate*. You take two proportionals of common salt, or 120 parts by weight, and one proportional of the oxysulphate of mercury 296, to produce 272 parts of corrosive sublimate, so that *mutatis mutandis*, the theory of the formation is the *same*. It may be obtained by applying chlorine directly to the metal with heat, as you see here. [The experiment was made, and a considerable quantity of corrosive sublimate obtained in the retort.] This substance is of a brilliant white appearance when recently made; its taste is nauseously acid and exceedingly poisonous; it dissolves in twenty parts of water at 60°, and in its own weight of boiling water; but chemical authors differ on this point. It is soluble in muriatic acid, but decomposable by alkalies and many other metals; potash, soda, and lime, readily decompose it.

It may be worth while to call your attention to the decomposition of these two substances, *calomel* and *corrosive sublimate*; in order to explain to you the manner in which the decomposition *actually* takes place, to show you its difference from the manner in which it was formerly *supposed* to take place. Before the discovery of chlorine, it was imagined that calomel was a combination of muriatic acid and black oxide of mercury, and that corrosive sublimate was a combination of muriatic acid with the red oxide, and nothing seemed clearer than this. Now here

in this glass is a solution of corrosive sublimate, and in another vessel there is calomel. Potash, soda, or lime, may be taken for their decomposition, and you observe that the one throws down a black powder, and the other a hydrated peroxide of mercury. Now it has been said here, that the alkali takes away the muriatic acid from the black oxide, and that in the other case it takes it from the red oxide, separating the oxides in their pure or free state. Now here are two tables which will show you the real explanation of this decomposition. Here we have calomel and potash acting upon each other, and the produce is black oxide of mercury, that is to say, the mercury of the calomel combines with the oxygen of the potash, forming a black or protoxide of mercury, and the chlorine of the calomel combines with the potassium to form a chloride of potassium.

Now of the triple salts of mercury; there is a triple salt of ammonia and mercury, which is to be obtained by mixing a solution of corrosive sublimate with a solution of sal ammoniac, and precipitating the mixture by potash; a white powder falls down, which is called a *white precipitate*, and in the Pharmacopœia *hydrargyrum precipitatum album*, although, in fact, it is a triple salt, a muriate of ammonia, and mercury; it is used in medicine as an external application. These two chlorides of mercury are important, medically speaking, and you will recollect, that in the protochloride, or calomel, the mercury is combined with one proportional of metal and one of chlorine, and in the perchloride or corrosive sublimate, with one proportion of metal and two of chlorine; and that you may convert the corrosive sublimate into calomel, by adding to it an additional quantity of mercury.

Iodine and mercury combine, and form a proto and periodide of mercury. The periodide of mercury assumes a beautiful red colour, and it has been proposed to use it as a paint, but, like the other iodides, it is unfit for this purpose, since it does not retain its colour. They are compounds of one proportional and one, and of one and two, so that their equivalents are 325 and 450.

Respecting the action of acids upon mercury generally; if you boil mercury in sulphuric or nitric acids, but take the nitric especially; if you boil mercury in excess of nitric acid, the mercury becomes peroxidised, and you get a dense solution of peroxide of mercury in nitric acid, forming a *pernitrate* of mercury; but if you take a large quantity of mercury, and a small quantity of acid, and allow them to act slowly upon each other, when cold, you get a solution of the protoxide in nitric acid, or, in other words, a *protonitrate of mercury*; and you may judge of the state of oxidisement of the solutions, by adding potash or soda, which gives a grey precipitate in the first case, and a red precipitate in the other. You find some chemists not content with two oxides of mercury, but describing a half dozen more, and the fact is, that if you choose to mix the two, you will get an indefinite number of oxides. These are of no great importance, excepting as entering into combination with other preparations. The pernitrate is of a fine red colour, and requires some nicety in its preparation; it generally retains some traces of nitric acid, which it is difficult to get rid of entirely. It is exceedingly caustic, and is used as a stimulating application to sores.

Sulphur and mercury combine, and produce a black or a persulphuret, and a red, or a protosulphuret of mercury.

With regard to the *protosulphuret*, this has long been known in medicine under the name of *Æthiop's mineral*; it may be readily obtained, by passing a stream of sulphuretted hydrogen through a solution of dilute nitrate of mercury. The *persulphuret*, or *cinnabar*, is found native, and is one of the sources from which the mercury is obtained. It is used in the arts by the manufacturers of good sealing wax, to give it the red colour; the common colouring is red lead; and the consequence is, that it turns brown or black when heated. Sulphuric acid and mercury form, when boiled together, a *persulphate of mercury*, and by triturating it with mercury, it becomes converted into a *protosulphate*. When the persulphate of mercury is put into warm water, it is divided into two parts; the one part is held in solution, which is a *bipersulphate*, and the other falls down in a yellow powder, and is a *subpersulphate*; this I mention to you, as it is one of the preparations of mercury, which used formerly to be called *turpeth mineral*, and it is only within a few years, that the list of minerals has been properly diminished; formerly, they abounded to a dangerous extent. It is violently emetic and purgative, notwithstanding it was called by the mild name of the mercurial alterative. It may be obtained, by pouring some water upon the persulphate, and this sort of decomposition the salts of mercury are very subject to, which throws considerable difficulty in the way of explaining them, and adds considerably to the intricacy of their chemical history.

The remaining combinations of mercury, need not to detain more than a minute or two. *Phosphorus* unites with mercury, and forms a phosphuret; and a proto and perphosphate are formed, by union with the phosphoric acid. The phosphate of mercury became, at one time, a fashionable preparation, because some physicians said that phosphoric acid was a favourite acid employed by nature in the composition of our

bodies; and they became very fond of giving phosphate of mercury, phosphate of soda, and others, under the impression of phosphoric acid being particularly favourable to the system, the absurdity of which I need not advert to. There is one salt still to advert to, which is the prussiate, or the *cyanuret of mercury*; this is obtained by boiling the red oxide of mercury with prussian blue, filtering the solution, and then setting it aside to cool. On cooling, it deposits a quantity of white crystals, which are cyanuret of mercury, composed of one proportional of mercury, and two proportionals of cyanogen; so that I ought rather to have said, that it is a *bicyanuret* than a cyanuret. When this cyanuret is heated, it is decomposed, cyanogen is given out, and from this substance Gay Lussac obtained the singular gas, and his investigations of which terminated in the very important discovery of cyanogen. If you distil the cyanuret of mercury with muriatic acid, you obtain a chloride of mercury, and a hydrocyanuret of mercury.

There is an experiment, which once made a great noise in the chemical world—namely, the *metallisation of ammonia*; it was imagined, that under certain circumstances, ammonia was capable of assuming the form of a metal; ammonia, you know, is a compound of nitrogen and hydrogen; and if true that it could assume the metallic form, we should have some insight into the composition of metals; as it might then be said, that they were either compounds of nitrogen and hydrogen, or oxides of these bodies. The experiment was made by electrifying a globule of mercury upon a piece of sal ammoniac, or by pouring an amalgam of potassium and mercury upon a piece of sal ammoniac, and rubbing the mass with a little solution of ammonia. You will observe what will happen; the ammonia loses its fluidity, puffs up, assumes the consistence of butter, and appears to take on the crystalline character. Now it appears, from recent experiments, that this is nothing more than mercury mechanically mixed with ammonia, that they are puffed up together, forming a sort of soap-suds of ammonia and mercury, and that there is no further approach to metallisation on the part of the ammonia. If you collect this substance and heat it, the ammonia flies off, and the mercury resumes its liquid form.

In the next lecture, we shall proceed to the consideration of the metals *silver* and *gold*.

FOREIGN DEPARTMENT.

ON THE LATERAL DEPRESSION OF THE PARIETES OF THE CHEST.

BY BARON DUPUYTREN.

(*Report. d'Anatomie, Tom.* v., *p.* 198.)

I PUBLISHED, in one of the preceding Numbers of the *Repertoire*,* a species of displacement of the femur, which is congenital, and which, I believe, has never been described by any other surgeon.† I am now going to describe a deformity of the chest, still more common and important than the other malformation; in fact, scarcely a month elapses without several instances of it coming under my notice. This deformity consists in a depression of the sides of the chest, a proportional projection of the sternum and abdomen anteriorly, and the vertebral column posteriorly. In children of scrofulous and other cachectic constitutions, affected with this deformity, the sternum projects like a keel; the vertebral column presents quite a bump, whilst the sides are not only flattened, but depressed. This deformity exists to such a degree, sometimes, that the two sides of the chest may be embraced with the fingers of one hand. The transverse diameter of the chest is thus considerably diminished, whilst the antero-posterior is enlarged. The function of the organs contained in the chest become im-

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* Vide THE LANCET, Vol. xi., p. 441.

† I have been astonished on re-perusing the paper, in which this kind of dislocation is mentioned, to observe the indication of one fact overlooked, viz., that the congenital dislocation of the femur, which, in the greater number of cases, exists on both sides at one time, is found, in some individuals, on one side only. Among the twenty cases of this disease which I observed, the dislocation existed on one side only in two or three individuals. I have, at this moment, before me, a young child with congenital dislocation on the right side only, and what renders the case still more interesting is, that the child has a sister affected with the same disease on the right side. I will avail myself of this opportunity of remarking, that since the publication of the paper on *Congenital Dislocation of the Femur*, I have seen five or six other instances of this malformation. I saw one with Dr. Louyer Villermay, where the exquisite pain pointed out to our notice the seat of the mischief.

paired, manifested by oppression and catching of the voice, and great anxiety. These symptoms are greatly increased on taking the slightest exercise, just as in cases of disease of the heart, for which complaint this affection is sometimes taken. During sleep respiration, impeded by the malformation of the chest and swelling of the tonsils, is performed with the mouth open, and attended with considerable noise. Sleep is frequently disturbed with painful dreams, all relating to the state of the respiration, and is often interrupted by cries and starts.

The above symptoms may exist to such a degree as to prevent the development of the vital functions, and produce death at the time of birth. If death do not take place so soon, nutrition will be disturbed, and the children become lean and emaciated. A curious circumstance also attending this complaint is, that new-born children experience great difficulty in sucking at the breast.

The deformity is generally accompanied with a considerable swelling of the tonsils, the connexion of which, with the depression of the chest, I am ignorant of. It is evident that this swelling must add to the difficulties which patients experience during respiration, and it is sometimes so great, that I have been obliged to remove a portion of the tonsils.

Pulmonary catarrh is not less frequently a complication of the depression of the parietes of the chest than the tumefaction of the tonsils. The catarrh is, in fact, always a curious complication of the deformity, especially when the amygdalæ are much swollen. But of all the complaints which may supervene on this affection, croup is the most dangerous.

The examination of the bodies of several children who have died either of the complaint itself, or of some other whilst they were labouring under this, induces my colleague, M. Breschet, to think that there is an imperfect development of the skeleton, the bones of the cranium being separated at the period when they ought to be united, the continuance of the epiphyses, a swelling of the extremities of the long bones, the different distortions of the bodies of the bones, and the want of consistence in their tissue like bones which have been immersed in dilute nitric acid, these are the general appearances which the osseous system presents. The lungs of course accommodate themselves to the size of the chest.

In these cases, as in all the deformities of the bone dependent on scrofula or rachitis, a generous diet, and as much exercise as the patient can endure, without producing difficulty of respiration, are essential means of cure. To these must be added local means, the most efficacious of which, are those which strengthen the extensor muscles of the arm and shoulder, and also pressure on the forepart of the sternum. The kind of exercise which I recommend, is the lifting of a weight for many hours a day. The weight is suspended to a rope, that passes through two pulleys; the extremity of the rope, which is to be laid hold of, ought to be attached to the middle of a lever, which is seized by the two hands, whilst the other extremity supports a weight proportioned to the strength of the individual about to raise it. The person standing upright, and even lifting himself on the point of his feet to reach the lever, placed at the extremity of the rope, seizes it with both hands, and thus employing the muscles of the forearms, the arms, the neck, and the chest, to bend at the same time the head, the chest, and the body, and to incline them towards the ground, he raises the weight suspended at the other extremity of the rope, and employs alternately the flexors to raise the weight and the extensors to balance the body. If it be true, of which indeed there can be little doubt, that there exist between the bones and muscles relations of conformation and of action, so that the latter always tend to act on the former, and to keep them to their primitive and constant form, it is certain that the exercise which we have just described, by directing the efforts of the muscles, and the bones of the chest must gradually improve the form of the parietes of this cavity.

To this kind of exercise must be added pressure on the chest, from before to behind; the combination of these two means, with proper regimen and treatment, have been sufficient to cure malformations of this sort, which have been before judged incurable. Machines, for the exercise of this pressure, have uniformly caused great pain, and I therefore recommend that it should be made, by placing the back of the child against a wall, and pressing against the sternum with the palm of the hand as often, and with as great a degree of force, as the strength of the person admits of. I have several times observed with much curiosity, the immediate effects of this plan; they are flattening of the prominent part of the sternum, projection of the ribs externally, return of the chest to the natural form, stronger respiration. This pressure ought to be used 10 times, or even 100 times, a day, if possible, and its efficacy is proportioned to the continuance of the pressure, and its frequent repetition.

SURGICAL CLINIC OF THE HOTEL DIEU.*

BY M. BRESCHET.

On Ranula.

M. Dupuytren thinks that the best mode of obtaining the radical cure of ranula, would be to keep the aperture, made into the tumour, constantly open, by means of a foreign body introduced and kept in the cyst; on the same principle as in the operation for fistula lachrymalis. To effect this object, it is necessary to use a small silver instrument, composed of a hollow cylinder, which allows of the escape of the saliva. The cylinder should be four lines in length, and about two in breadth, and terminated at each extremity by a small ovoid plate, slightly concave on its free surface, and convex on the surface, which adheres to the cylinder, and looking towards that of the other extremity; one of these small plates should be placed inside the sac, and the other should correspond to it externally, that is to say, in the cavity of the mouth. M. Dupuytren used this instrument for the first time in the Hotel Dieu on a young soldier, who had been troubled for some months with a small oblong tumour under his tongue, which slowly increased in size, not causing, however, any pain, but which greatly impeded the motions of the tongue and deglutition.

M. Dupuytren performed the operation in the following manner:—An opening was made in the small sac with a curved scissors; there escaped a clear viscid fluid; the operator then introduced the instrument into the cavity of the tumour by the opening which he had made, so that one of the plates was free in the mouth. From this time the tumour gradually diminished, and fifteen days after the operation the patient left the hospital perfectly cured. He could speak, eat, and, in fact, could execute with the tongue every possible motion without any impediment. M. Dupuytren conceiving that this instrument presented some imperfections, made some slight modifications in its construction. He saw that the canal of the cylinder was useless, because the saliva might escape very easily between the lips of the opening and the circumference of the cylinder; moreover, food collecting in the canal of the cylinder, obstructed it and finally obliterated it. The small plate situated externally was too large, its raised edge irritated the inferior surface of the tongue, which was continually placed at the upper part of the mouth. For these reasons he altered the instrument in the following manner:—the edges of the plates were curved in the contrary way, so that the concavities looked towards each other; their lengths were diminished, and they were made elliptical, so that he diminished both the thickness and the extent of the cylinder, which made its dimensions three lines in length, and one or one and a half in thickness. This instrument may be made of silver, or platinum; and this last metal appears to be the most convenient, because it is less easily altered by the animal fluids.

M. Dupuytren has obtained, with this sort of instrument uniform success. It may be conceived, that if the tumour were very large, if its parietes were thick, it will be convenient, before applying the instrument, to make a large opening into the sac, sometimes even of excising a portion of it, and of not passing the instrument until the wound has almost cicatrised. This method, which is both easy and ingenious, does not at all resemble any which have been proposed; not excepting setons, bougies, or canulas; for by all these means, the use of which is difficult, embarrassing, sometimes even insupportable, the only object is to make a fistula; and experiment shows, that as soon as the foreign bodies are withdrawn, the fistula is obliterated, and the complaint again returns.

* Répertoire Genéral d'Anatomie.

EXAMINATION OF THE EYES OF A PERSON AFFECTED WITH AMAUROSIS.*

Professor Heusinger found, on examining the eyes of a person affected with amaurosis, that both optic nerves were in a state of atrophy, and that the eyes were well formed, and presented the natural consistence. On puncturing the sclerotic, which was done with care, a considerable quantity of a yellow-coloured humour escaped; it communicated a yellow tint to the water, and coagulated on the addition of alcohol. The choroid and retina were natural, the vitreous humour had completely disappeared; the lens was yellow and opaque.

The most remarkable part of the examination was, the discovery of three translucid vesicles, of a pyriform shape, and the size of a pea, adhering to the outer surface of the retina. These contained a fluid similar to that which escaped on opening the sclerotic, and M. Heusinger thinks, that the fluid, which first escaped, was contained in similar vesicles. According to M. H., they were formed by Jacob's membrane. Both eyes presented exactly the same appearances.

* Heusinger's Zeitschrift, für die Physik. Tom. i.

DIABETES.

"Experto crede."

To the Editor of THE LANCET.

SIR,—In your admirable columns, (LANCET, vol. vi. p. 408,) a case of diabetes is detailed, from Magendie's Journal de Physiologie, illustrative of the efficacy of venesection.

More recent discussions on that interesting and vitally important subject, by Drs. Ayre and Barry, of London; the former advocating its local abstraction, (cupping,) and the latter an exclusively animal diet, induce me, at this distance, to take up my pen, to offer a few practical remarks and observations, on the pathology and therapeutics of diabetes.

That diabetes, generally speaking, is a functional, (constitutional,) and by no means an organic affection of the kidneys, is tolerably obvious, from the deranged, not to say vitiated, state of the alimentary passages, which both precede and accompany it; the emaciation and debility consequent thereon, and the dissections, such at least as I have myself witnessed after death. Chylification, it is well known, is the commencement, and excretion (intestinal, urinary, and cuticular) the completion of digestion; the latter proving defective or redundant, as one or the other of these valued excretions fails to perform its proper function in the economy. Heightened by predisposition or habit, perchance the kidneys, from a sympathy peculiar to them, are prone to deficient or excessive secretion, as dysuria and diabetes amply testify. The intestines and skin also have these predispositions—as constipation and diarrhœa, (dysentery being somewhat of an organic affection,) and a parched skin and profuse sweatings, no less testify. These important passages, neither elegantly nor classically expressed, "outlets" (bearing organic affection) prove obedient to the mighty work of digestion; hence an imperfect chylification is wont, as might be expected, to derange and vitiate them. Fermentation, depravity of secretion, and a want of tone, constituting dyspepsia, are common to the alimentary passages, and a fertile source, primarily, of diabetes. In conjunction with my friend, the late amiable and scientific Dr. Watt of Glasgow, many years ago, I first witnessed the effects of venesection, to any extent at least, in diabetes; and it is but due to science to say, that I remarked at the time, and have had it amply confirmed since, that without marked attention to the digestive organs, and fæcal excretion afterwards, the patients were addicted to relapse; which, ultimately, in some instances, proved fatal. The human fabric, be it impressed upon the practitioner's mind, will seem to rally, at times, under venesection, when its powers manifestly are verging to destruction. In the diabetes of extreme youth, or old age, little benefit, if any, will be derived from local or general bloodletting; for the vital powers, in the one case, are not established, and, in the other, perhaps are too feeble to carry on the great business of circulation. Nor have I found "exclusively a diet of animal food" at all suitable, on such occasions, from its acknowledged disposition to generate a species of repletion, (both sanguineous and excrementitious,) fertile of cerebral, and hepatic affection in the aged (as apoplexy and palsy); and of pulmonary affection, on approaches to manhood, which phthisis confirms beyond the possibility of a doubt. In the cases of diabetes alluded to, a want of tone is apparent in the kidneys, and alimentary passages throughout, which the undue distension of, by fermentation, has tended not a little to establish. From no inconsiderable experience, I can affirm, that here the cortex cinchonæ lancifoliæ, fresh, and finely powdered, will be found to prove most eminently efficacious. In confirmed cases, however, it is needful, at the same time, to blister the sacrum, with a view to counteract the morbid action of the kidneys, and even essential to correct and secure a regular action of the intestinal passages. The quantity of bark should not exceed ʒss. or ʒij. in a sufficiency of any simple vehicle, (say water or skim-milk,) three or four times a day; and the subsequent form of pill, I have found to prove the best accompaniment.

℞ *Pil. colocynth. c.*
—— *hydr. rg.*
Pulv. Jacob. aa gr. xv. ad ʒi. M. ft. pil. duodecim: one, two, or three of which, may be had recourse to at bed time daily.

Regard must be had to temperate regimen, thorough ventilation, cold ablutions, and exercise in the open air daily. If morbid secretion (rather than mere fermentation, and want of tone in the stomach and alimentary passages) prove a chief source of diabetes, which a bad digestion and vitiated intestinal excretion had long foretold, characterised, as they had been, by a foul coated tongue, pyrosis, gastrodynia, constipation, or occasional diarrhœa; we must be careful, under such circumstances, to prepare the patient for the specific (i. e. tonic) operation of the cinchona. The preparation to which I allude, is to correct a morbid state of secretion, whether of the stomach, liver, or alimentary passages, by mild mercurial, an-

timonial, aperient remedies (such, for example, as pil. hydrarg., pulv. Jacob., magnes. sulph., soda carbonat. &c.); aided, it is important to remark, by judicious regimen, a tranquil tone of mind, (for mind proves a fertile source, primarily, of dyspepsia,) frequent cold sponging of the chest and abdomen, sufficient ventilation, and exercise in the open air, daily. Heat being a powerfully exciting cause of fermentation throughout the alimentary passages, and fermentation a fertile source of indigestion, I have ever found these cold ablutions of the chest and abdomen beneficial, to say the least of them, under dyspepsia. I am moreover firmly of belief, that a deteriorated atmosphere, the result of insufficient ventilation, tends greatly to derange and vitiate the secretions and excretions of the body, on the perfection of which, we depend for health and longevity.

Another, and by no means unimportant consideration in diabetes, and I conclude, I allude to the temperature,—heat, more properly speaking, of the patient. Such patients, from time immemorial, have been kept warm, when, in fact, night or day, they can scarcely be kept too cool, if we study at all their convalescence. Reposing on beds of down, and wrapping in flannels, have proved most prejudicial, not to say fatal, to them. The same might be said of warm bathings, of tepid spirituous potations, and of forced, as I would define it, rather than excessive, venery. That inordinate thirst, which prevails in diabetes and dropsy under opposite states of the kidneys, is fostered greatly by habit, and ought not to be given way to, if we expect to restore either healthy action or secretion of the alimentary passages, the skin, or the kidneys. Our errors in practice arise, very many of them at least, from insufficiently distinguishing in our modes of treatment, at any rate, between functional and organic affection, which require, not unfrequently, a marked and opposite mode of practice, and this I would impress upon the practitioner's mind, in his treatment of diabetes.

In a word, it is plain that venesection, cupping, and "an exclusively animal diet," are but ill-adapted, either for the prevention or cure of diabetes; consequently, for mere relief's sake, we must not wield such doubtful, not to say dangerous, weapons—seeing that we have at command more temperate, efficacious, and permanent measures.

Had leisure and space, Mr. Editor, permitted, I meant, briefly and practically, to have taken a review of the pathology and therapeutics of erysipelas,* in my mind, generally speaking, a functional and constitutional affection; and it must be confessed, so admirably under the influence of judicious internal treatment, and cool temperature.

I remain, Sir,
respectfully yours,
W. Horsley, M. D.

North Shields, April 15, 1828.

* In Number 211, p. 759, of The Lancet, you have very properly and reasonably made a distinction between phlegmonous inflammation and erysipelas, and supported the efficacy of incisions in the former severe cases, recommended upon such high authority as that of a Lawrence, with which I cordially agree, having witnessed myself, in my surgical experience, decisive benefits from the judicious use of them—"veritas vincit."

A NEW METHOD OF TREATING BURNS AND SCALDS.

BY MICHAEL WARD, M.D., L.R.C.C.I., MANCHESTER.

"—— si quid novisti rectius istis
Candidus imperti; si non, his utere mecum."

To the Editor of The Lancet.

Being anxious to publish an account of a new method of treating burns and scalds as extensively and with as little delay as possible, for which purposes your plan of publishing weekly seems well adapted, I beg leave to transmit it to you, and to request it may appear in your next number if convenient.

The circumstances which led to its adoption, together with a detailed account of the cases in which it has been practised, with the effect in every instance of immediately (I had almost said instantly) removing the intolerable pain and smarting which are invariably experienced by this miserable class of patients, will be sent, with your permission, to be inserted in a future number. In the mean time it might probably be the means of relieving the sufferings of many who are thus afflicted, considering the frequent occurrence of cases of this description, (which of all others, perhaps, are most calculated to excite horror and commiseration,) if the editors of the different medical journals, and other periodical publications, would insert a copy of this paper in their respective works and papers, the sooner the better.

The preparation to be used, and the method of using it, I shall now proceed to describe; and it is peculiarly fortunate where the quantity required in many of the worst

and most distressing cases will necessarily be considerable, and where every moment is so precious, that it possesses the properties of being cheap, always at hand, and as easily applied by any person who may happen to be present at the time of the accident, as by the most skilful surgeon; circumstances which are of the highest importance, on account of the rapid progress which the inflammation thus excited constantly makes. But to proceed.

We will suppose the clothes of some person, no matter how old or young, to have taken fire, and to have continued burning sometime before the fire could be extinguished; or, secondly, that one or more human beings have escaped or been rescued from a house, a factory, or other building in flames, but not until they had sustained considerable, perhaps irreparable injury from the fire; or, thirdly, that one or more persons have been exposed to the action of fire by an explosion of gunpowder, inflammable air in a coal mine, or any other cause; or, lastly, that some unfortunate individual has fallen into a vessel of boiling liquor in a brewhouse or distillery; accidents which are well known to be as frequent as they are dreadful. In all these cases, (and of course in all those of the same nature, but of less extent and magnitude,) the first object will be, (after having laid the patient upon a bed or sofa,) without a moment's loss of time to take off the clothes and apply bread flour, by means of a common kitchen dredger, plentifully, and as expeditiously as possible, to the whole of the burned or scalded surface, and this being properly and sufficiently done, carefully applying clean dry linen cloths immediately over the flour, and such bed clothes or other coverings as may be required to keep the patient comfortably warm, but not too hot. And in all cases of either burns or scalds studiously avoiding the application of liquids of every kind whatever, including oil; and liniments, ointments, and salves, containing oils; all of which are extremely pernicious, and, in effect, add fuel to the fire, and must, therefore, I repeat, be carefully avoided, and totally discarded from practice in every instance of this nature.

These are the directions to be observed at the first dredging or sprinkling with flour, so far as regards the external treatment of the case; and supposing it to produce the effect of instantly removing the pain, which has hitherto been the uniform result of its application, the next or second object will be, if the patient feel inclined to sleep, and has no immediate occasion for food, for him to endeavour to do so, either until the pain return, or an inclination for nourishment be expressed; that emergency which occurs first is of course to be first attended to. If the former, (i. e. the return of pain,) we must commence by carefully removing the linen coverings or bandages from those parts where the pain is the most considerable, without attempting to remove any of the flour previously applied, (except such portions of it, if any, as do not adhere to the subjacent parts, which will be easily done, if a sufficient quantity of flour, which can scarcely be too copious, were applied in the first instance,) and then proceed as before to apply flour equably and copiously to the painful parts, by means of the dredger, which is the easiest and best method of effecting it, if the holes in the lid be sufficiently numerous and large to allow the flour to pass with the requisite facility. It would also be a good general rule, particularly at the first and several of the succeeding dredgings or sprinklings, to continue the process for a certain time, (longer or shorter according to the extent of the violence, and the degree of pain complained of,) after the parts become easy, (with a view to keep them in that state as long as possible,) and steadily to persevere in it either until the last mentioned object be attained, or the parts affected shall have received a coating or covering of this invaluable article of from a quarter, to nearly half an inch in thickness, and then apply the bandages, &c. as before; and, secondly, not to disturb those places which still continue easy in consequence of having undergone one or more sprinklings or dustings, until the return of pain or uneasiness shall indicate the necessity of repeating it. And in this manner we must proceed the first two or three weeks, or until that period shall arrive when it will be necessary to make some addition to the flour. The plan which I have adopted, and have found to answer, is this; to begin by adding one part of the calamina preparata to three of flour, (intimately united,) gradually increasing the proportion of the calamine, according to the effect produced, until equal parts, and at length towards the close of the healing process, the prepared calamine alone, was the only preparation employed, excepting a little of the ceratum calaminæ (brown cerat, with which an additional quantity of the prepared calamine, to that directed in the Pharmacopœia had been mixed,) spread very thin upon linen and laid over the powder, to prevent the relaxing properties of the oil from retarding the healing of the ulcers, which are usually formed in bad cases of this kind, and sometimes are very tedious and difficult to heal, though less so, I believe, under this management than any other.

Having now described the external or local treatment with a minuteness which may appear to some unnecessary, unless the distress and anguish to which this unfortu-

nate class of patients are exposed, and the novelty, utility, and importance of the practice inculcated, (which is partly intended for general and popular use, in order to avoid the delay which is so often fatal in these cases,) prove a justification, it will be proper to make a few observations on the internal treatment with regard to diet and medicines, should any of the latter be required, which, I trust, will be found to be equally consistent with sound theory and ratiocination, as the former have been proved to be simple, yet beneficial and salutary in practice. At present, however, I am compelled to defer my remarks upon these and other topics connected with the subject, to a future, yet I hope an early number of your journal; only observing, that with regard to diet, every reasonable indulgence should be granted consistent with propriety, to the wishes of the patient, so long as the tongue be clean, and the natural and vital functions are properly performed; avoiding, of course, the heavier and stronger kinds of animal food, pie crust, fermented and spirituous liquors, spices, &c. for some time at first, and substituting milk diet and puddings, with broth, soup, &c., and occasionally a little chicken or fish at dinner. With regard to medicines, they should, I think, generally speaking, be given very sparingly, and with great caution, particularly anodynes and opiates, which can seldom, I conceive, be useful, even in severe cases, supposing them to be doing well under the local treatment here recommended. If sleep cannot otherwise be obtained, especially if the case be hopeless, opiates, (Dover's powder, pulvis ipecac. comp. would, perhaps, in some cases, be preferable to the tinctura opii,) given in proper doses every four or six hours, rather than in one large dose at bed time, until sleep be procured, might probably have a good effect. Or if the skin of one or both arms, or legs, or thighs, or of a sufficiently large surface of some other convenient part of the body should have escaped being injured, the use of the opiate friction every two, three, or four hours, might probably be efficacious in procuring sleep, either alone, or in conjunction with the usual means*.

As aperients, those that operate gently are the best, such as a little castor oil, or a tea-spoonfull or two of the electuary of senna, with a little rhubarb or jalap and supertartrate of potash; with either of which, a draught of the imperial drink may be taken occasionally to prevent costiveness.

REMARKS.

It will now be proper to say something in vindication of the strong terms which have been employed in recommending the free and plentiful use of flour as being infinitely preferable to all others, as a local application in cases of burns and scalds, from whatever cause, or in whatever way arising. Indeed, supposing its effects to be similar in the hands of others, to those which accompanied its use in the three cases (one burn and two scalds) in which it has been employed by myself, (and I see no reason to the contrary,) they will be of the most pleasing and gratifying description imaginable; a just idea of which, will be best conveyed in the words of the patients themselves; (accompanied by corresponding actions, which must have been seen to be duly appreciated.)

"Oh! how cool and comfortable it is," "I have no pain now," "it is quite gone," were the immediate and spontaneous expressions of my first patient, (whose arm was scalded from above the elbow to the finger's ends,) which were often repeated in a loud and rapturous tone of voice and manner, the instant (almost before) the flour could be said to be fairly in contact with the parts affected. Nor did the pain return till several hours had elapsed, and was then only slight, and was speedily removed by repeating the use of the flour dredger (first removing the linen roller); which method of treatment was continued, at first three times, and afterwards, twice a day for three days, when scarcely any appearance of the accident remained, and the patient returned to her usual business.

In this manner was an accident, which if it had been treated in the usual way, would have been attended with great pain and inconvenience for several weeks, completely cured in three days.

In the other two cases, the one a burn, the other a scald; both of which happened to Mrs. D——, the effects were equally favourable and decisive in demonstrating the happy consequences resulting from the practice which it is the object of this communication to inculcate. It is also remarkable, that the expressions of Mrs. D—— were exactly similar to those already quoted as having been used by Hannah Pearson, (who was the subject of the first case,) with this addition, frequently repeated at the first and subsequent sprinklings or dustings, viz. that the powder (she did not know it was flour) which was applied to her foot and

* See "Facts establishing the Efficacy of the Opiate Friction in Spasmodic and Febrile Diseases." Also "Outlines of a Plan to investigate the Nature, Causes, and Method of Cure of Hydrophobia and Tetanus. By Michael Ward, M.D. Member of the Royal College of Surgeons in London, late Surgeon to the Manchester Infirmary, Dispensary, &c." Sold by Burgess and Hill, Windmill Street, London.

instep which were severely scalded, (more so from the difficulty experienced in removing the shoe and stocking,) and afterwards to her thumb, which was burnt, was worth a guinea a grain; so instantaneous were its effects in removing the pain.*

Nor is there any thing incredible or mysterious in this, if we reflect a moment upon the modus operandi, which is, I conceive, equally simple and intelligible; viz. that by its instantaneous operation as an absorbent powder, in allaying the irritation, and partly by its coldness, diminishing the temperature of the inflamed parts, it immediately arrests the rapid progress of the inflammation, and forms a fit medium or covering to prevent the access of the atmospheric air to a part of the body, which is, at all times, peculiarly susceptible of its action, (especially upon a large and extended surface of it,) but which is now rendered a thousand times more susceptible than before, by causes which are too obvious to mention. Hence arises that distressing tremour, (or rather rigor,) which so often occurs even in slight cases of this kind, but infinitely more so where the injury sustained is severe and extensive. From hence also I infer, that even in cases where all hope, or, at least, expectation of the patient's recovery must be futile; the speedy, free, and plentiful application of flour to the burnt or scalded parts, will, I trust, indeed I have no doubt, smooth the passage of these unfortunate and miserable objects to the grave.

Now, if this representation be just, and I pledge myself to prove its accuracy, I should be unpardonable were I to withhold the facts, which have occurred to me, from the public. Nay, more, I should be inexcusable, if I did not, by every proper and justifiable method in my power, endeavour to spread the knowledge of them as speedily as possible, to the inhabitants generally, and the faculty in particular, (whose attendance on all occasions of this kind—the experienced and judicious part of them I mean—will be desirable, and on many indispensable,) not merely in Great Britain and Ireland, but to those residing in every part of the globe.

Nor will this be deemed enthusiasm by any humane person, who has heard in a single instance, as I have in many, the groans, and witnessed the misery and anguish which are endured in bad cases of the kind here treated of; on the contrary, I am greatly mistaken if he do not coincide with me in the opinion, that whatever has a tendency even to alleviate, much more to remove, the sufferings of this pitiable class of patients, (no matter by what means; indeed, the more simple and easily attainable the better,) is justly entitled to the attention, not only of the profession, but of the community at large. How far the scheme now proposed can be considered as coming under this denomination, experience must decide; and to this I think I may, with some degree of confidence, appeal. At all events, should its merit be such as to stand this test, and I shall be greatly surprised if it do not, the remedy being cheap, always at hand, and as easily applied by any person who may happen to be present at the time of the accident, as by the most skilful surgeon, will have a corresponding and powerful influence in favour of its adoption.

I shall conclude this hasty sketch, by observing that, on no occasion, can the maxim, "non progredi est regredi," be more appropriate. Indeed, the success would be greatly promoted, by the influence which such a sentiment is calculated to produce, in hastening the prompt and effectual application of the remedy, as soon as possible after the accident.

I have the honour to be,
Yours obediently,
MICHAEL WARD, M.D. S.R.C.C.L., &c.&c.
Manchester, April 1828.

* Another curious coincidence was, that the three cases which afforded me so many opportunities of submitting this method of treating burns and scalds to the test, took place in two different families, with whom I resided at the times when the accidents happened, otherwise (though I wish not to enhance the benefits which may result from the discovery, if so it may be called) having declined the practice of surgery, except in consultations, no such opportunity might, in all probability, have occurred to me.

THE ZOOLOGICAL SOCIETY.

THIS Society is steadily advancing towards the full attainment of the objects for which it was instituted. Both the managerie and the museum have received almost daily important accessions from the liberality of friends and supporters. A collection of the skins of *mammalia* and *birds*, from Singapore, has been presented by Mr. Colebrooke; another assemblage of *mammalia*, *reptiles*, and *fishes*, from Madagascar and New Holland, by Mr. Telfair; a collection formed in Mexico, by Capt. Lyon; and another, containing much of the zoological produce of the late overland expedition to the Arctic Regions, under the command of Capt. Franklin, has been presented by Dr. Richardson. Capt. Percy has furnished the Society with a specimen of that very rare and curious animal, the *chlamyphorus truncatus*, which was previously unknown to European naturalists.

THE LANCET.

London, Saturday, May 10, 1828.

If reason had as much influence as the feelings and passions of men in determining their conduct and opinions, the expediency of facilitating, or, at any rate, the impolicy of throwing obstacles in the way of human dissections, would long ago have been a conceded question. But it is a mistake very commonly committed by men who are better dialecticians than observers of human nature, to suppose that general assent to a proposition is a necessary, or even an obvious corollary from the proof of its reasonableness. All the steps in such a proof may be undeniably correct; the inferences may be most accurately deduced from these steps, and yet the public, however unable to refute or gainsay the truth of the premises, may doggedly refuse to acquiesce in the soundness of the conclusion. It is undeniable, and nobody attempts to deny, that the health and lives of individuals are frequently preserved by the application of medical science. It is undeniable, and no one capable of forming an opinion on the subject denies, that anatomy is the basis of medical science, and that a man who attempts to practise medicine or surgery without a thorough knowledge of anatomy, is a scourge, instead of a benefactor, to his fellow citizens. It is equally undeniable, and it is, in point of fact, no less universally admitted, that dissection of the human body furnishes the sole means of acquiring a knowledge of anatomy. What is the reasonable inference from these propositions? That dissection of the human body should by all practicable means be encouraged. But the feelings and sentiments of the community are so strongly opposed to this reasonable inference, that dissection has not only not been encouraged in this country, but is viewed with aversion by a great portion of the people, and appears, from a recent decision, to be even punishable as a misdemeanour in all cases, except those in which the law inflicts it as a mark of infamy.

Upon the absurdity and impolicy of that provision of our law, which has created an artificial prejudice against dissection in this country, we have already submitted some observations to our readers, and we repeat, that unless this provision be repealed, little benefit is likely to arise from any attempts that may be made to remove the obstacles which impede the acquisition of anatomical knowledge. But how are we to deal with the natural feeling, or, if it deserve to be so termed, with the natural prejudice, against dissection, which is entertained by the people of this country in common with other nations? It would be as useless as it would be impolitic, to attempt to legislate, against this feeling, and therefore we say, respect it. We would lay it down as the basis of any legislative measure that may be adopted with a view of facilitating anatomical studies, that, however desirable the frequency of human dissections may be for the purposes of science, no attempt should in any case be made to promote them in opposition to, or in violation of, the feelings of surviving relatives and friends. Taking this principle as a basis of legislation on the subject, it will follow that we should deem it inexpedient to encourage individuals, or any set of individuals, in leaving their own bodies for dissection. The ground upon which we object to such a practice is, that it tends to violate the feelings of survivors; and it is the feelings of survivors, and of survivors only, which the legislature is called upon to respect. A man may himself be totally indifferent as to the way in which his body may be disposed of after death, or he may be desirous that his body should contribute as far as possible to the advancement of science, but his surviving relatives may not be equally indifferent, or equally philosophical, and he has no more right, morally, to violate the

feelings of those relatives, than the legislature has, politically, to violate the feelings of the community. On the other hand, however averse an individual may be in his life time to the dissection of his body after death, if he has no surviving relatives to respect this prejudice, and give effect to his wishes, no reason can be urged against the dissection of such a person's body, nor could public feeling possibly be outraged by it, when dissection shall cease, as we trust it soon will cease, to be regarded in any case as a mark of infamy.

But, though the legislature is bound to respect the natural aversion to dissection in the breasts of surviving relatives and friends, it may be necessary to inquire how far this feeling has been exasperated in this country by adventitious causes. There are two circumstances which have contributed greatly to increase the aversion to dissection beyond its natural limits, and to give to it much of the same artificial character which belongs to the prejudice against dissection, arising from its association with crime. The circumstances to which we allude are, first, the exhumation of bodies, which may be regarded at present as the principal source of supply; and, secondly, the absence of the rites of sepulture, in cases where bodies are dissected, which have not been previously interred. Body-snatching, as it is called, is a misdemeanour at common law, and is in itself an offence so disgusting and so revolting to the feelings of the surviving relatives of the deceased, that nothing can be said in palliation of it, even by those who are compelled to encourage and screen the offenders. Let the legitimate source of supply for our dissecting-rooms, which is to be found in the application of unclaimed bodies, be sanctioned by the legislature, and this offence will cease with the temptation to commit it. In that case it might even be expedient to subject body-snatchers and all their aiders and abettors to transportation for fourteen years. Such a measure would tend to allay any apprehension in the public mind as to the consequences which might otherwise be supposed likely to follow from a direct legislative sanction to human dissections. It should also be distinctly provided, that all unclaimed bodies should be decently interred at the expense of the parties for whose benefit they have undergone dissection. This provision would reconcile the public to the temporary appropriation of such bodies to scientific purposes, and would remove the only objection which could be urged against the measure upon religious grounds. It may be satisfactory to those who might entertain doubts as to the propriety of a remedial measure of this kind, on the ground of its supposed interference with the ordinances of the church, to know that, in the opinion of a right reverend prelate, who was recently applied to by one of the surgeons of St. Thomas's Hospital, there exist no objections of a religious nature to the adoption of the proposed plan. The right reverend prelate went so far as to express his belief, that the great body of the clergy would be ready, with a view of facilitating so desirable a measure, to wave their ordinary fees on the interment of unclaimed bodies, which had been previously dissected, and he declared that, for his own part, he should have no objection to direct that his body might, before burial, undergo the process of anatomical dissection.

To what extent the Parliamentary Committee intend to carry their inquiries, we have, at present, no means of ascertaining; but we should augur little good from the result of their investigations, if they content themselves with such evidence, as may be given by members of the Council of the College of Surgeons. The junta in Lincoln's Inn Fields are so far from really participating in the desire of the great body of the profession, to obtain facilities for the pursuit of anatomical knowledge, that they have uniformly acted upon the principle of contracting those facilities to a scale ap-

portioned to their own greediness and cupidity. It is not the wish of this body that subjects should be cheap, because they are sensible, that when the present disgusting mode of supplying dissecting-rooms shall be got rid of, and other obstacles to free competition in the teaching of anatomy shall be effectually removed, their own monopoly must cease. The mockery of petitioning Parliament to adopt measures for facilitating the study of anatomy, may impose upon those who know nothing of the internal constitution of the Council, and of the machinery by which their proceedings are directed and controlled, but it is well understood and appreciated by the profession. Great as are the difficulties opposed to the study of anatomy by the present state of the law, it may be truly said that they fall short of those which have been created by the corrupt cupidity of the Council of the College of Surgeons. With what pretence, we will ask, can these men approach the legislature, with assurances of their zeal for the promotion of anatomical science, when lucre, filthy lucre, is the pivot of all their deliberations, and the sole object they have had in view in framing all their regulations? They refused to receive the certificates of any teachers of anatomy in the metropolis, except THEMSELVES, until they were compelled by the indignant remonstrances of the profession to accept them. They still refuse to receive the certificates of provincial teachers of anatomy, or certificates of attendance on any course of anatomical lectures delivered in the summer. Our own lectures, exclaim these disinterested votaries of science, are delivered in the winter; and when the thermometer stands at above 50° Fahrenheit, we cannot admit the possibility of acquiring an accurate knowledge of anatomy at such a temperature.

When the Committee, moved for by Mr. WARBURTON, was appointed, it was strongly recommended by the Secretary for the Home Department, that the inquiry should be conducted with extreme delicacy and caution. That a good deal of caution might be necessary, in framing a bill for facilitating human dissections, we can readily understand, but we do not exactly see the expediency of recommending extreme delicacy and caution to a committee of inquiry. The object of the Committee is, we presume, to ascertain the truth; and this object cannot be attained, if they forbear to inquire. Extreme delicacy, as it seems to us, might well be dispensed with in a parliamentary committee. Truth is a coy mistress, and is not to be won without patient assiduity, but she never yields to a lover, who is too shy to look her in the face.

LONDON MEDICAL SOCIETY.

May 5, 1828.

Dr. HASLAM, President, in the Chair.

SINGULAR INSTANCE OF WOUND OF THE ABDOMEN—FRACTURE OF THE CERVIX FEMORIS.

After some ordinary business had been transacted, Mr. Shearly introduced to the notice of the Society a man who had suffered severe injury to the abdomen and loss of the penis, from an incised wound. The accident occurred on board a whaler, the man slipping, owing to the greasy state of the deck, and falling forward with great force upon a large knife, used for the purpose of cutting up the blubber. According to the man's statement, the penis was completely amputated, and a wound was inflicted upon the abdomen, through which the intestines protruded. Surgical aid was immediately procured, and in the course of a few weeks he was restored to health.

Having stripped himself for examination, it was observed, that there was a cicatrix extending entirely across the lower part of the abdomen; the penis was closely shorn off. Several questions were proposed to the man with a view of ascertaining whether he had the power of retaining his urine, and also whether he experienced any venereal desire; to the former questions he answered in the affirmative; and in reply to the latter, he said, that when in the company of fe-

males he felt a desire, and was conscious of a turgescence of the small "relic of former greatness;" further, that he often had nocturnal emissions.

The President remarked, that a man, who some years ago fell under his notice, had entirely lost the penis, and he was in consequence supplied with an ivory succedaneum; the fellow, however, with this instrument, was so libidinous amongst the females, that it was necessary to exclude him from a workhouse of which he was an inmate.

Mr. Amesbury now requested that the minutes of the last *ordinary* meeting should be read, which having been complied with, Mr. Amesbury entered at once, *in medias res*, at this favourite (and we fear our readers will deem, hackneyed and almost threadbare,) subject—fracture of the neck of the thigh-bone. It may be worth while, however, to state, that on a former evening, Mr. Amesbury brought two preparations, taken from the same subject, an old woman, who was reported to have had fracture of the cervix femoris on each side. The first accident occurred two or three years ago, and the woman was then in Bartholomew's Hospital, under the care of Mr. Lawrence; with the second injury, she was an inmate of a workhouse, as a patient of Mr. Field, and fell under the observation of Mr. Amesbury shortly after the injury, which proved fatal at the expiration of six weeks.

It was contended by various members on the former evening of discussion, that the thigh bone which had sustained the first injury, exhibited no signs of fracture ever having occurred, and that the depression of the head was attributable to the absorption of the neck, as is frequently observed in old subjects. It was further held as a fatal objection, that the history of the case was altogether imperfect. Mr. Amesbury this evening in some measure supplied the necessary information, by stating he had learned from Mr. Lawrence, that the patient was under his care, and as far as he (Mr. Lawrence,) could recollect, she had fracture of the cervix femoris. Mr. Amesbury stated, that his object in bringing the preparation before the Society, was to demonstrate the possibility and occasional occurrence of bony union within the capsule, even under the ordinary plans of treatment, and if this were admitted, then he considered that he had a right to infer, these fractures would unite by bone much more frequently, if proper measures were pursued. What he principally insisted upon as essentially necessary in the cure of a fracture, was preserving the fractured ends from motion; although he was willing to admit, that in the case of fracture of the cervix femoris, some importance should be attached to the fact of the pelvic portion of bone receiving but a small share of the pabulum vitæ, the blood.

Mr. Gossett, Mr. T. Briant, and other members expressed their dissatisfaction at the want of clear evidence of the symptoms of fracture of the cervix femoris, having been present in the case under consideration in respect to the first injury.

Mr. Lambert said, although he admitted that in fractures of the cervix femoris, union by bone *did* not usually take place, yet he would not allow that it *could not* take place; he considered the arguments which had been adduced as reasons of non-union by bone, were extremely fallacious; proper means were never had recourse to, and then surgeons had turned round and taxed Nature with the blame. He (Mr. Lambert) hoped the time was gone by when the profession paid an implicit and blind reverence to the dogmatic assertions of men in great repute. At the risk of being denounced as "a blockhead," and one who "deserved to be whipped out of the profession," he would maintain the possibility of ossific union in the fracture of the cervix femoris, and assert his belief, that the cause of its not being accomplished was in the defect of the mechanical means hitherto employed. He believed, that Mr. Amesbury had supplied the important desideratum, and that in the course of a few years, very many specimens of perfect bony union would come under the notice of the Society.

SINGULAR EFFECT OF LIGHTNING IN CURING PARALYSIS.*

Upon what principle the following extraordinary cure was effected may be matter of disputation; whether the electric fluid acted as a powerful stimulus to the nervous system, and thus induced a return of sensorial power, or, whether the cure may be referred to the agency of *fear*, which we have seen in many instances a perfect miracle-worker, are two of the most obvious questions which present themselves. The facts are these:—A ship, called the *New York*, was on her passage from London to New York, a voyage generally performed in about a month, when a stroke of lightning overturned the partitions, but no person was hurt. The vessel was deprived of its conductor, but, on the following day, the captain, dreading another storm, placed a conductor upon the main-mast. The lightning struck the rod on the same day, and melted it entirely; the iron conductor was also

* Brewster's Philosophical Journal.

melted, and fell in drops into the sea. Almost all the passengers observed the water of the sea sink down in a distinct manner, in a certain space round where the electric fluid had entered the ocean. The rod of the conductor, which was melted, was four feet long by five inches and a half in diameter, and the iron conductor was three-tenths of an inch in diameter.

The second stroke of lightning, like the first, killed no one, but, on the contrary, it performed a very remarkable cure. A passenger, very old and overgrown with fat, was so much palsied in his limbs, that for three years he had never been able to walk above half a mile, and, after his embarkment, had never been seen to stand up for a single instant. However, soon after the second discharge of electric fluid, which took place near to where the poor invalid was lying, he was observed, with astonishment, parading the deck, which he continued to do for some time, as if he had never been ill. At first he lost his senses, but this did not last long, and the cure was complete; he walked with ease all the rest of the voyage, had the entire use of his limbs when the vessel arrived at New York, and travelled on foot thence to his own residence.

The knives and forks of iron, in the ship, were melted, and had acquired magnetic power. The effects produced upon the magnetic needles were very remarkable, for, although they were all in the same room, the results were diversified; in some the magnetic action was augmented, in others it was diminished; in some it was destroyed, and in others the poles were reversed. An excellent chronometer, whose error never exceeded the tenth of a second in twenty-four hours, was so much deranged by the stroke of lightning, that it was accelerated thirty-four minutes. The cause of this error was perceived in London, where it was ascertained, that all the parts of the instrument had acquired a certain degree of magnetism, in such a manner, that the general motion depended very sensibly upon the position in which the chronometer was placed.

ACCOUNT OF A NEW KIND OF CLOTH, FABRICATED BY INSECTS.

M. Habensbreet, of Munich, has obtained a curious fabric, by directing the efforts of the larva of a butterfly, called *tinea punctata*, or *tinea padilla*. As these insects construct over themselves a tent of extreme firmness, and impervious to air, M. H. contrived to make the insects work on a paper model, suspended from the ceiling, to which he gave any form and dimensions he pleased. He thus obtained square shawls an ell wide, and some two ells long by one broad; an air balloon, four feet high; and a woman's complete robe, with the sleeves, but without seams. In order to give the tissue a regular form, the caterpillars are limited in their motions, and interdicted from particular parts by oil, which they dislike, and upon which they never will work. One or two insects can weave a square inch of cloth; it exceeds in fineness the lightest gauze, and a specimen of it, sent by M. Paret, of Stockholm, was exhibited by M. Lenomard to the Academy of Sciences, at Paris. The air-balloon above-mentioned, weighed only five grains, and yet it was impervious to air. A shawl, an ell square, was, when extended, blown into the air by a slight puff, when it was like a light vapour gently agitated by the wind. The fibres of this fabric, of which the caterpillars form their cocoons, are not interlaced, but merely superposed, and this act takes place the moment the insect secretes the matter of the fibre. Increased solidity is given, by compelling the insects to labour several times over the same surface.

M. Lenomard, from whose memoirs the preceding facts are taken, suggests, that as the caterpillar, which forms the fusaire, (*Eumenomus Europæus*,) and which is common in France, spins its threads and forms its tents in a similar manner, its labours might be employed for the same purpose.

TRIAL FOR DEFAMATION.—PARIS.

Roberts and Langeois, versus *Boyton, Morgan, Wilson, Chermside, and Maclaughlin.*

This cause, which was tried on the 10th of April, in the Tribunal de Premiere Instance, excited much interest amongst the faculty at Paris. The facts of the case, as we glean from the *Gazette des Tribunaux*, are as follow:—

An establishment for dispensing medicines, according to British prescriptions, was opened under the sanction of the Ambassador, Lord Granville, by Mr. Roberts, one of the plaintiffs; and having obtained the appointment of surgeon and apothecary to the Embassy, his affairs became very prosperous, the greater number of the English, resident in Paris, having recourse to Mr. Robert's establishment for their medicines. A M. Beral, a French apothecary, seeing the reputation which had been obtained by Mr. Roberts and his partner, M. Langeois, placed upon his door the title of London Dispensary, which, it seems, had previously been adopted by the plaintiffs. After a time, it was found that the physicians to the Embassy recommended M. Beral's establishment in preference to Mr. Roberts'. This led to a publication of a

letter in *Galignani's Messenger*, charging the physicians with having a direct pecuniary interest in sending their prescriptions to M. Beral. From this time there was open war between the parties, and in June, 1827, a letter, signed by thirteen *physicians*, was addressed to the British Ambassador, in which Mr. Roberts was styled a retail druggist, and was charged with having calumniated the *physicians*, by representing that they received a per-centage upon medicines. This denunciation of Mr. Roberts being credited by Lord Granville, led to the withdrawal of his official employment, and, as a consequence, he experienced a considerable loss of business generally. These circumstances induced Mr. Roberts to commence an action, and he therefore selected five of the physicians, who had been most active in the proceedings against him. At a former sitting, the defendants had pleaded the incompetency of the tribunal appointed to try the cause, as the party was a foreigner; but this objection was overruled, on the ground of Mr. Roberts' partner, a plaintiff in the action, being a Frenchman.

M. Laterrade, the counsel for the plaintiffs, in opening the case, spoke to the foregoing effect, and further stated, that the injury sustained by Mr. Roberts was 10,000 francs a year; he therefore demanded 20,000 francs as damages.

M. Dupin, the counsel for the defendants, rested his defence principally upon the fact of the publication of an advertisement in *Galignani's Messenger*, and also an article in the *Hygéie* which stated, that the physicians, for the consideration of a certain annual sum, secured the supply of medicines to the apothecary.

M. Barthe made a very ingenious and humorous speech in reply to M. Dupin. He remarked, that England certainly does possess many eminent physicians, but she is not so ungrateful as not to keep them at home by recompenses of every kind—reputation and fortune; and, whatever may be said to the contrary, he would contend, that persons do not *always* quit their country for the pure love of science; *he would appeal to Doctor Boyton if such were the case?* In England, said the learned counsel, diplomas, unless from Oxford or Cambridge, are but of little value; those obtained from Edinburgh are but very lightly estimated. One of Scotch or Irish origin may be had for forty guineas, upon the application being accompanied with a certificate of a physician of London, Cambridge, or Oxford, attesting that the party had attended medical lectures. A diploma from Scotland had been obtained for the horse of a nobleman, under the title of Mr. Goodfriend, a certificate having previously been given that he was a gentleman of excellent disposition and great erudition. No matter as to the origin, continued M. Barthe; but where are the diplomas of the defendants? (Here M. Dupin held up *two* sheets of parchment, to each of which was affixed a seal.) M. Barthe then said, that these were the only diplomas possessed by the thirteen who signed the letter to Lord Granville. Upon application made at the office of the Minister of the Interior, he had learned that only one of the pretended physicians was authorised to practise the healing art in France, and this one possessed an Edinburgh diploma! Such are the *doctors*, said he, that Great Britain sends to France.

After a short deliberation, the Tribunal pronounced judgment, condemning the *Physicians* to pay 5,000 francs damages, with costs, and to have twenty-five copies of the judgment posted up in the capital.

ST. BARTHOLOMEW'S HOSPITAL.

EXTENSIVE LACERATED WOUND OF THE ABDOMEN, WITH PROTRUSION OF THE INTESTINES.

J. Chipperfield, ætat. 14, was admitted into St. Bartholomew's Hospital, March 28, under the care of Mr. Vincent. He had fallen from a height of about thirty feet, and pitched on the rail of a cart; his abdomen received the force of the fall. There was a large lacerated wound in front of the abdomen, about two inches below the navel, and extending in a straight line, nearly five inches in length; a considerable portion of the small intestines protruded, but none of them were wounded. Shortly after the accident he was seen by a surgeon, who returned the protruded bowel without much difficulty; the edges of the wound were brought together, and united by means of four or five sutures, assisted by adhesive straps, and covered with a bandage. Very little blood was lost. His pulse was feeble, but he did not complain of much pain.

29. Has passed a comfortable night, and has had some sleep; there is a circumscribed swelling above the wound, and in this situation there is pain and tenderness on pressure. The abdomen generally is not tense, nor painful; tongue natural; pulse 120, and very feeble; no heat of skin; bowels not open. Eighteen leeches to be applied to the swelling; the following draught to be taken directly, and repeated every six hours.

Magnes. Sulphat. ʒij.;
Mist. Salin. ℥j. M.

30 There are increased tenderness and pain extending over the whole of the abdomen; pulse frequent and sharp; heat of skin and flushed countenance; tongue coat-

ed and red at its edges. An injection was administered last evening, but the bowels have not been moved; he discharges his urine freely. Leeches were again applied to the abdomen, and an enema given, which produced evacuations from the bowels.

31. Has passed a comfortable night; the pain and tenderness of the abdomen are much diminished; pulse less frequent and sharp; skin cool. Bowels have been freely opened; he has continued the aperient saline.

April 12. Since the last report, the patient has been gradually recovering. There has been no inflammation surrounding the wound; the sutures have been removed, and bread and water poultices applied to it, and it is now united in its whole length by healthy granulations. There has been no return of pain or tenderness of the abdomen; the bowels have been kept open by the occasional use of aperients.

May 1. The wound is perfectly healed; a small abscess has formed just below the navel, and now discharges some pus. The patient's appetite has returned, and his health is much improved.

TOTAL AMAUROSIS CONSEQUENT ON CONCUSSION OF THE RETINA.

—— Pratt, ætat. 42, a robust man, was admitted into the Hospital under the care of Mr. Lawrence, March 13th. Whilst cleaning a window, he had fallen about twenty feet, and was taken up insensible; he had received a severe contusion of the arm, and there was a small lacerated wound over the external angle of the left eye-brow. On the following day the left eye was found to be perfectly amaurotic, so that he was unable to distinguish light from darkness. Blood was effused beneath the conjunctiva covering the sclerotic; the iris was of its natural colour, and in the mid state of contraction; it was not influenced by the strongest light when the other eye was covered, but it retained its associated action. He complained of no pain in the eye, nor had he headach. Mr. Lawrence remarked, that when the functions of the retina have been so impaired as to produce complete amaurosis, the prognosis was at all times unfavourable; it was particularly so in the present case, where it had been consequent on an accident, and when total insensibility of the retina had immediately followed the injury. The patient remained in the Hospital about six weeks, during which he was bled three or four times, and it was necessary to apply leeches freely to the arm. The eye remained in the same state; there was no pain nor increased redness, but vision was completely lost.

ST. THOMAS'S HOSPITAL.

CASE OF FRACTURE, WITH DISLOCATION OF THE FOURTH CERVICAL VERTEBRA, WHICH TERMINATED FATALLY, FORTY-EIGHT HOURS AFTER THE ACCIDENT.

William Thomson, ætat. 44, a stout muscular man, was admitted on the evening of the 13th of April, under the care of Mr. J. H. Green, on account of severe injury to the spine. The accident had occurred a short time previously, and was occasioned by a fall from a cart, the man, at the time, being in a state of intoxication.

When admitted, the upper and lower extremities were found to be completely paralysed, deprived both of sensation and volition; the abdomen was slightly tumid, the breathing laborious, and the pulse scarcely perceptible. It was supposed, that some injury had taken place about the fifth or sixth cervical vertebra, but neither the precise nature, nor situation of the injury, was determined. The treatment consisted in the use of the catheter; and the application of warm clothing, with a view of inducing reaction.

When seen by us on the following day, we found the patient labouring under the following symptoms: the pulse moderate; much pain produced on the slightest motion; countenance anxious; breathing laborious, and performed entirely without the aid of the costal muscles. Both the upper and lower extremities were perfectly paralytic; the integuments of the abdomen, and of a considerable portion of the chest, were devoid of sensation. The bowels had been acted upon once, the urine drawn off, and leeches applied to the back.

15. *Morning.* The breathing very laborious; the pulse is feeble and rapid; the man complains of thirst, and he has also a remarkable craving for food. The exertion of the muscles, necessary to the action of speaking, produces much pain. The catheter is introduced from time to time.

Noon. The man is evidently sinking, the surface of the body being covered with a cold sweat, and the pulse is very weak; he is however perfectly rational. About two hours after the foregoing note was made, he earnestly desired that he might be moved, and the sister was in the act of complying with his request, when he expired.

Inspectio Cadaveris.

The spinous process of the fourth cervical vertebra was severed longitudinally, the fracture extending into the arch: both the superior, and also the inferior, articulatory

processes were dislocated; the left superior oblique process was completely isolated. The intervertebral substance was much lacerated; there was an effusion of blood upon the theca, to some extent along the spine. Upon slitting open the membranes, there was found to be an effusion of serum between the arachnoid tunic and pia mater. There was no manifest injury to the substance of the spinal marrow, although it had undoubtedly suffered much compression from the displaced bone.

It is important to observe, that the urine, during the lifetime of the patient, had not acquired an ammoniacal smell; one of the kidneys after death had a strong odour, but there were no palpable signs of disease.

GUY'S HOSPITAL.

FATAL TERMINATION OF MR. KEY'S CASE OF LITHOTOMY.*

The case of lithotomy, operated upon last Tuesday by Mr. Key, has proved fatal, from the supervention of peritoneal inflammation, which, as will be seen by the annexed account, pursued a most rapidly destructive progress.

On the morning after the operation, we found the child quite comfortable; he had passed a good night; the bowels had been gently moved; the urine had flowed freely through the wound, and there was no tenderness of the abdomen. In the evening, however, great pain came on in the abdomen with exquisite tenderness, and there was, at the same time, much constitutional disturbance; leeches and fomentations were applied, but with little effect. In the course of a few hours convulsions supervened, and the child expired at two o'clock on Thursday morning, being about thirty-seven hours after the performance of the operation.

Post Mortem Examination.

In the abdomen, there were the most evident traces of acute peritoneal inflammation having prevailed generally; the peritoneum had formed numerous adhesions to the surrounding parts, and, in the whole track of the small intestines, they were coherent. The glandulæ aggregatæ were not healthy in structure, and there was a considerable quantity of coagulated blood in the right iliac fossa, behind the peritoneum; in the right kidney, there was a considerable deposition of white (scrofulous?) matter, and the ureter was somewhat dilated. The left kidney was sound: the bladder exhibited signs of inflammatory action.

* Will Mr. Key still persist in the use of the straight staff?

CASE OF CONCUSSION OF THE BRAIN, FOLLOWED BY A HIGH DEGREE OF CONSTITUTIONAL DERANGEMENT.

Richard Young, æt. 32, a baker, was admitted into Guy's Hospital on Thursday, April 9, 1828, in consequence of a severe fall he had received on the preceding evening, on the back part of his head. His friends stated that he stumbled over a pail, and was precipitated from the bakehouse door upon a paved yard, a height of about fourteen feet. He was taken up in a state of insensibility, medical advice was procured, and he was immediately bled. Before the operation was finished, he became sensible, and vomited; he was afterwards brought to the hospital. When we visited him, he was delirious; the skin was hot and dry; tongue furred; pulse exceedingly jerky and irregular. He was very much exasperated by any one speaking to him; and, on being interrogated as to his having pain in the head, no satisfactory answer could be obtained. The pupils were dilated, and did not readily contract on exposure to light. His countenance was sunk and anxious, and there was a great expression of heaviness about the eyes. The scalp was hot, and excessively tender to the touch. On examining the head, a small bruise was detected at the upper and back part of the right parietal bone. There was also, some extravasation of blood under the right eye. The poor fellow seemed to experience severe pain, whenever the bruise on the scalp was handled; but, on being left alone, soon became comatose; his breathing, however, was perfectly natural.

The head was immediately shaved, and the spirit wash ordered to be constantly applied. Twelve ounces of blood were drawn from the neck by cupping, and eight leeches were applied to the temples. A five grain calomel pill was administered.

April 10. He has passed a restless night; he got out of bed twice during the night, and walked to the water-closet. The pulse is quick and irritable. Skin hot and dry. The scalp, though still hot, is not so much so as yesterday, but is equally tender when touched. The teeth are encrusted with brown sordes. He is excessively peevish and irritable, and there is a great deal of jactation about him.

He was ordered by Mr. Key to take two grains of calomel and one of opium immediately, and to be repeated in six hours, if sleep was not procured by it. Before Mr. Key quitted the Hospital, he again visited the patient to see the effect produced, and it was found, through some gross inadvertency or mistake, the medicine had been repeated in two hours instead of six hours, and the symptoms were rather aggravated than di-

minished by its use. A careful examination of the head was made by Mr. Key, but no material injury could be detected.

11. The patient has been very delirious during the night, but got up several times and walked to the water-closet. He is constantly muttering. His head, however, is not so hot, and his febrile symptoms not quite so high as yesterday. Ordered to be kept quiet, and on a strictly spare diet, and the light to be as much as possible excluded.

12. The pain on the bruised part has become more intense, and the febrile symptoms are aggravated. The scalp is excessively tender, which is manifested by his violent efforts of resistance when touched. Mr. Callaway made a free incision of the scalp through the bruised part, and evacuated a little coagula and bloody serum. A poultice was applied to the part.

16. During the last three days the patient has greatly improved; a very striking amendment was observed the day after the incision was made, and the febrile excitement from that time gradually diminished. A slight degree of squinting was observed in the right eye to day. He was ordered to take two grains of calomel every six hours, and 30 drops of laudanum at bed time.

20. Since the foregoing plan of treatment has been had recourse to, he has been much better; his nights have been passed tranquilly; the skin and bowels perform their functions properly, and he is more calm. Last evening the use of the laudanum was discontinued, but the calomel is continued. He is now perfectly sensible, but still manifests great petulancy and irritation when spoken to.

23. He is much improved in every respect. The calomel has produced gentle ptyalism, and was ordered to be discontinued.

28. He is quite convalescent, and will soon leave the Hospital.

ON PHRENOLOGY: BY JOHN EPPS, M.D.

To the Editor of THE LANCET.

46, South Audley Street,
April 29, 1828.

DEAR SIR,—You have kindly taken notice of a discussion which took place upon an Essay that I had the honour to present to the notice of the Westminster Medical Society. The interest excited thereby has been sufficiently apparent, though it is doubtful whether the subject would have claimed so much attention had not phrenology been associated with the same. The Essay had nothing essentially to do with that science, the proposition, which it was essayed to establish, being, that in a certain species of monomania, a particular part of the cerebral system was affected. As a corollary from this, no doubt, it would follow, that the different parts of the brain are endowed with diverse functions; but then this inference did not form any part of the subject before the Society. However, phrenology was attacked, and of the attack I have no remembrance but that of pleasure, inasmuch as there can be no dispute, that discussion is one of the most useful means in investigating the truth or erroneousness of opinions; and as it seems likely, that the combined effect of the attack and defence will be to lead many to investigate a subject, upon which all the exercise of mind they bestowed previously was to stir their muscles to form a sneer. If the defence were insufficient, those who made the attack will have an opportunity, next season, to overwhelm the phrenological science with a destruction as complete as that which has destroyed many errors, such as they imagine phrenology to be: I wait till then. But, Sir, you mentioned one circumstance which requires a present refutation, I allude to that mentioned by our respected member, Dr. Somerville. As a critic, you must be perfectly aware of the necessity of considering all the peculiarities of the circumstances which I shall mention.

On the morning of the last discussion, I called on Mr. Baker, and had the pleasure of meeting him and Dr. Somerville, at St. George's Workhouse. Dr. S. stated, he had a curiosity to show me. I stated my obligation to him, and, to my astonishment, was led up stairs to a dissecting-room. In a corner of that room was a body, lying with the legs uncovered, upon some boxes, with the head quite concealed between a cupboard, reaching to the ceiling on one side and the wall of the room on the other. From the position of the body, I could not stand by the side of the head, when Dr. Somerville asked me to give the character of the individual before us. I leaned over, put my hand under the head, and, after a slight examination, stated, that the organ of sexual love is *very large*; that of *love of offspring* is *large*; and that of love of approbation is *immense*; and that of destructiveness *moderate*. Dr. Somerville then mentioned, that the lady had been hung on a preceding day for murdering her child. This did not fail, at first sight, to seem in opposition to what was stated, and not knowing any thing of the individual, or of the circumstances which led to the act, I predicated, that it was sexual love for some individual that had made her act contrary to the dictations of the or-

gan of love of offspring. This I find to be the case; and since I have read some of the particulars of the trial, &c., which I knew nothing of before, this view is completely verified. On going down into the Museum, Dr. Somerville showed me a cast of this female, and I perceived that destructiveness was larger than I had imagined. I now had a better opportunity of examination, for the real head was not only in an inconvenient situation, but the bones of the skull having been sawn through, there was a continual motion, which impeded observation.

I had not the smallest idea, that my observations would have been brought forward at a public society:* had I imagined this, I should have been more minute, though I still assert, that the female referred to, had the organ of the love of offspring *large*, and that of destructiveness *full*; and I further maintain, that these existing are quite in accordance with the character of the female referred to, which I shall briefly show.

Maria Edgeworth says, "man is a bundle of inconsistencies." This is quite true; we see, in human nature, the greatest contrarieties: a passionate man is often benevolent; and an unjust man is often charitable. Look at Turpin and Thurtell. This, as a general principle, is admitted by all: and phrenology merely carries the matter a little further, by showing on *what peculiar constitution* these realities are dependent. Phrenology shows that one faculty may be called into such activity, as to overpower the activity of the other faculties, and then the individual acts from the predominating feeling. Thus, suppose a dog passing by a butcher's shop, and feeling very hungry, snatches at some meat; the butcher catches the thief, and gives him a severe punishment. The same dog passes by the same shop, when he is again hungry, but he does not touch the meat; and the reason evidently is, that the beating has excited his cautiousness, which now becomes the predominating feeling, and which, though the hunger is still in activity, keeps the craving appetite in obedience. Let this illustration be applied to the female referred to, and we shall find how correctly her mental exhibitions correspond to her mental constitution. Under the influence of the love of offspring, she would be fond of her child, and as long as this continues to be the predominating feeling, so long would she preserve that child. But she has other organs larger, that of sexual love, and that of love of approbation, and these are appealed to in the strongest possible way. An individual, to whom amativeness and adhesiveness have attached her, deserts her; she loses his approbation, and has to dread the scorn of the world, from being the mother of an illegitimate child; this also appealing to her love of approbation. Under the powerful excitement of these two faculties, her love of offspring is overcome; destructiveness becomes the minister of ill, and she murders her child. The particulars of the case every one can bring, to illustrate this view of the matter. Hoping that this explanation will not be so long as to prevent its insertion,

I am, with much respect,
Yours, Sir, well-wishing,
JOHN EPPS.

N. B.—A paper will shortly be presented to the Phrenological Society, on the individual referred to above, when all the particulars will be stated. I may here mention, that the late overseer of the parish in which the female lived, and who had a frequent necessity of seeing her, states, that he is sure, from her conduct at times to a child belonging to her, brought to the parish, that she was fond of children.—J. E.

* I am happy to state, that Dr. S. had the politeness, at the Society, to ask my permission to state the particulars referred to, which I readily granted, because truth, and the friend of truth, need never be ashamed.

ON PALSY; BY G. MACDONALD, ESQ. BRISTOL.

To the Editor of THE LANCET.

SIR,—Observing three cases of local palsy in your Number for Saturday last,* I have thought that the following, which lately occurred in my practice, might not be uninteresting to your readers, more particularly as the *general treatment* proved completely successful in my case, and the *local treatment* seems to have failed in the two former of those which you have recorded.

That cases of paralysis, arising from an affection of the extreme branches of nerves distributed to muscles, do *sometimes* occur, I very readily admit, (indeed I have met with such in my own practice,) but I am decidedly of opinion, that the majority of those which have all the appearances of being only local, depend on a cerebral, or spinal affection, and are to be treated accordingly.

On the 15th March last, a gentleman, about 28 years of age, married, and of very temperate habits, consulted me for an affection of the face; he had no power over the integuments of the forehead; the muscles of the left side were completely paralysed, *as to their motion*, but sensation remained per-

* No. 241.

feet; the eyelid remained open, so that his attention was first drawn to the complaint from an inability to read for any time, from an uneasiness and slight inflammation of the eye, evidently caused by the want of action in the palpebra. When he laughed, the mouth was drawn violently and spasmodically to the right; and when he attempted to drink, he had no power on the left side to close the lips on the vessel, and the liquid consequently flowed out of the mouth; the left nostril was motionless, and the whole of the side of the face *appeared* swollen from the relaxed state of the muscles, but, on accurate examination, no swelling existed. The case was clear enough, the 7th pair of nerves, on the left side, were affected; the branches of the 5th contained their healthy action, for the power of motion only was lost, sensation remained unimpaired. I examined the course of the 7th from its exit from the temporal bone, but could discover no tumour which would interrupt its action and account for the symptoms; neither had he received any injury, or suffered any pain at all in that situation; yet the paralysis had been preceded by no *immediate* pain in the head, and, in short, appeared completely local.

Upon inquiry, however, I found that, at intervals, *some time back*, he had felt what he called a "fullness of the head," which sensation had always been relieved by aperient doses of calomel and senna. When the paralysis had existed a day or two, he felt a degree of warmth on the scalp of the affected side, apparent on the application of the hand, but the relative degree above that of the other not considerable.

It seemed evident, that the cause of paralysis was either in Fallopius' aqueduct, or in the brain at the origin of the 7th, and I inclined to the latter opinion, by reason of the total absence of pain in the region of the temporal bone, which could not have been the case if any arterial action had existed there sufficient to have caused pressure on the nerve in its passage through the bone. My practice was, therefore, general. He was bled by the arm, and leeches, 24 at a time, were applied to the head, at repeated intervals; he was desired to abstain from meat, and he lived chiefly on farinaceous vegetables; and took, for the first few days, viij. grains of calomel at night, with a solution of magnes. sulph. and antim. tart., once or twice in the day; blisters were applied to the nape of the neck; and the unpleasant sensation of heat, above referred to, was completely relieved by sponging the part affected with cold water. Under this treatment he gradually recovered. I should say, though, that after the first two days the dose of calomel was altered to three grains, which he continued to take every night, with the design to excite a gentle mercurial action in the system. He is now perfectly well; the greatest evident degree of amendment was after the application of a blister, when the mercury was just coming into action.

I have been told, cases of paralysis of the muscles of the face, depending on an affection of the 7th pair of nerves, are by no means rare; but I must confess, the result of my own experience does not make it appear so. I was attached for a long period (very nearly ten years) to the Bristol Dispensary, where from 1,100 to 1,200 patients were annually under my immediate care, and I never saw a case precisely similar.

I know not, Mr. Editor, whether you will think this case worth publication; if not, suppress it by all means; I send it, because I think, with those you have already recorded in your Number of Saturday last, it may be of some practical use, more particularly to the junior branches of the profession, by whom your periodical is very generally read, and not at all under the idea that any degree of merit attaches to me for the mode of treatment I adopted.

I remain, Sir,
Your most obedient Servant,
GEORGE M'DONALD,
Member of the College.

St. Michael's Rectory,
Bristol, April 15.

CASE OF POPLITEAL ANEURISM,

In which the Operation was successful on a Patient upwards of Ninety Years of age.

BY F. D. STEPHENSON, ESQ., SURGEON, WORCESTER.

To the Editor of THE LANCET

SIR,—The great age of the patient, and the success attending an operation in the advanced stage of popliteal aneurism, may induce you to give the following case a page in your valuable and widely circulated publication.

I am, Sir,
Your obedient servant,
F. D. STEPHENSON, Surgeon.

Worcester, High-st., April 27, 1828.

On the 18th of August, 1824, I was requested to visit Mrs. F.——; she was ninety years of age, and stated that she had always enjoyed excellent health till within the last six months, during which period she was afflicted with erysipelas in her hand and legs: for two months past, she had observed a tumour in the left ham, which had, of late, increased in size considerably, and

become painful. On examination, I found it enveloping the sides and upper part of the knee. The base of the tumour presented an inflamed surface, the size of half a crown; at this point, the pulsation was alarmingly strong. The constitution seemed little disturbed; pulse 70, and full; tongue clean; bowels regular. From the above circumstances, I recommended an immediate operation, which was readily granted by the patient. Previous to securing the femoral artery, I examined the arteries at the wrist, and found them yielding, and apparently free from osseous deposit. The operation was performed in the usual way, tying the artery (which was healthy) on the inner edge of the sartorius muscle. On tying it, the pulsation in the tumour ceased entirely. The wound was brought together by a few straps of adhesive plaister, and the leg and thigh covered in a flannel bandage, from the toes to the hip; bottles of warm water were continually kept to the foot. On visiting my patient two hours after the operation, I was pleased to find her in a profound sleep.

Five o'clock, P.M. Considerable pain in the leg, with numbness. Limb warm; pulse 80. Sumat tinct. opii. gutt. xxx.

19. Passed a good night; less pain; skin cool. Limb warm; pulse 75. In the evening she had an increase of pain in the limb, attended with heat of skin and thirst; she took half an ounce of castor oil.

20. Restless night; bowels freely evacuated; considerable discharge through the bandage, of a fœtid nature. I therefore removed the outer covering, and applied a poultice over the plasters.

21. The whole of the dressings removed; the wound had united in its upper part, and there was a considerable discharge of pus from the lower part. Repeat the poultice. So little variation took place in the case, till the 18th day from the operation, that I shall continue the case briefly from that time. The ligature came away on the 5th of September; and, on that day, she complained of great pain on the dorsum of the foot, which was accounted for, by two discoloured patches the size of a shilling each. A generous diet was prescribed, and poultices applied to the foot. In a few days a separation of the dead integument took place, and three weeks from the operation, my patient was free from uneasiness. The tumour in the ham was greatly diminished; and, in consequence of Mrs. F—— leaving Worcester for Herefordshire, I did not see her for six months, when she much astonished me, by saying that she had been in the habit of walking half a mile frequently, without inconvenience. On inquiry, I was happy to find she is still in good health. She is now 93 years of age.

PETITION TO PARLIAMENT OF THE STUDENTS OF TRINITY COLLEGE, DUBLIN.

To the Right Honourable and Honourable the Knights, Burgesses, and Citizens in the Parliament of the United Kingdom of Great Britain and Ireland now assembled.

The Petition of the Students in Anatomy of Trinity College, Dublin, humbly showeth, that your petitioners are much gratified to learn, that the subject of anatomical instruction has attracted the attention of your honourable House; but they look with serious apprehension to the chance of your adopting the measure of attempting to procure the necessary number of subjects, by consigning the bodies of malefactors to dissection; they are persuaded that this measure would be quite inadequate to supply any one of the principal anatomical schools of the metropolis, while it would greatly increase, and almost justify the repugnance which is so generally felt to dissection throughout England and Scotland. Hitherto no difficulty has been found in procuring bodies in Ireland, the anatomical schools in Dublin (of which there are many) having been abundantly supplied, and at as low a price as in France, or any part of the Continent; but they anticipate that strong prejudices against the practice of anatomy would be excited in this country, if by any new act of the legislature, dissection were made a mark of dishonour. If the present law respecting dissection after the execution of certain criminals were repealed, they are convinced that every enlightened man would wish that his body might be employed for yielding useful knowledge, rather than it should be deposited in the earth, where it undergoes the most disgusting changes; they therefore beg leave to recommend your honourable House to institute regulations which would encourage and legalize the voluntary appropriation of the body to the only honourable use to which it can be applied; under such regulations they believe that popular prejudices would soon subside, and the exhumation of the dead become unnecessary; and your petitioners will ever pray.

Signed in behalf of the whole Class,

J. NOLAN, M.D.

The following has been signed by a number of respectable persons, both in and out of the profession, and is constantly receiving new names:—

We whose names are hereunto affixed, being convinced that the knowledge of anatomy is of the utmost value to mankind, inasmuch as it illustrates various branches of natural and moral science, and constitutes

the very foundation of the healing art; and believing that the erroneous opinions and vulgar prejudices which prevail with regard to dissection, will be most effectually removed by practical examples, we hereby deliberately and solemnly express our desire, that at the usual period after death, our bodies, instead of being interred, should be devoted by our surviving friends to the more rational, benevolent, and honourable purpose of explaining the structure, functions, and diseases of the human being.

CERTIFICATE TRADE—EXACTIONS FROM STUDENTS.

Sir,—As your valuable and independent journal has lately contained some useful and just remarks respecting the certificate trade, the following, perhaps, will not be altogether uninteresting. I must first do justice to a fellow student in saying, that Mr. Postlethwaite, of Webb Street School, deserves great credit for having abolished a custom merely sanctioned by time. I can vouch for the authenticity of the following:

Mr. P., accompanied by a pupil from the above school, went to the Steward's Office at Guy's Hospital last week, in order to obtain his certificate of having attended the physician's practice, and it was accordingly handed to him, saying, there was 2*s.* 6*d.* to pay; had they not mentioned the fee, he might have given it, but as he did not conceive it a just *demand*, so he would not be compelled to pay it. We then desired to know why there was any more to pay, as the account he received on entering, was physician's practice so much, and fees included? The reply from the old and young steward (as there are father and son) was, "It didn't signify, he had not paid them." This did not satisfy Mr. P., so he and his friend turned towards the door and were marching out, taking his certificate; but lo! I was in the next room in company with two or three more, and glad we were to escape, for out comes the old steward first, with the young one at his heels; the former ran to the door and fastened it. But, as Mr. P. informed me after, he thought it would not be well if he were detained, to allow his friend to be in custody, so he delivered the certificate over to the steward, at the same time telling him not to irritate himself, but take the certificate, and he would do his best in compelling some of them to give him a certificate without the honourable gentleman's fee.

A couple of days after, Mr. P. mentioned it to one of the physicians, and desired he would inquire respecting the same. The Doctor accordingly did, and the next day gave it out that a part went to a physician, another to a door keeper, and the rest to lighting the theatre, but that the arbitrary custom had expired; and I am now happy to say we obtain our certificates without any extortion. PAUL PRY.

Borough, April 23d, 1828.

LECTURES AT BARTHOLOMEW'S.

To the Editor of THE LANCET.

No. 1, King Square, Goswell Street Road, April 26th, 1828.

Sir,—From the year 1817 to the autumn of 1824, when Dr. Gooch resigned the situation of lecturer at St. Bartholomew's Hospital, I was closely connected with his class in supplying the pupils with midwifery cases, and taking the charge of those in which there occurred any matter of difficulty; his residence being at too great a distance, and his professional avocations numerous, he did not devote much of his time to the superintendence of their education further than as a lecturer. We formed an institution at my late residence, 159, Aldersgate Street, under the name of the London Lying-in Charity; upon that he built his student's practical knowledge, and as such, gave certificates to pupils of having attended "labours in the London Lying-in Charity by his direction;" they are to be met with in all parts of England, and on the Continent. I received a letter the other day from one of them now settled near *Rio de la Plata*, thanking me for the instruction he received when attending the institution, and relating his progress in life, with some interesting details of the place.

To fill up some of my leisure hours, I addressed the following letter to Dr. Conquest on the 12th of this month, upon the subject of assistant lecturer at St. Bartholomew's.

I remain, Sir, your obedient servant,
THOS. GREENING, M.D.

April 12th, 1828.

A lecturer on midwifery is desirous to be informed, if Dr. Conquest is disposed to take an assistant at St. Bartholomew's during the session of 1828. He is well known to Dr. Gooch.

A letter addressed for A. B. at *the Lancet* Office, or by advertisement through that journal, will meet attention.

April 14th, 1828.

Dr. Conquest will be happy to see A. B. any morning at eleven o'clock.

Finsbury Square.

April 20th, 1828.

A.B. begs to inclose his card, he will call upon Dr. Conquest.

1, King Square, Goswell street.

13, Finsbury Square, April 21st, 1828.

Dr. Conquest begs to inform Dr. Greening, that he has no intention of taking any assistant at St. Bartholomew's.

THE LOST PELVIS.

To the Editor of THE LANCET.

SIR,—Your impartiality will, peradventure, induce you to yield a corner of your "useful, very useful publication," to a few observations on the precious list of "common nonsense," which the pen, that mighty instrument of little men, and "ceteris paribus" of Mr. J. L. Fenner, has obtruded on his professional brethren.

What, in the name of all that is farcical and funny, could have induced the *said Mr. Fenner* to undertake the defence of one who "hid his diminished head," and who, though tolerably supplied with self-complacency, and "the gift of the gab," had not a sentence to plead in mitigation of public disapprobation. Really, friend Fenner, thou art a *dear good soul*, thus to attempt, with thy "grey goose quill," the *white* washing of a Blackamoor. Really, thou must be a "queer little man," thus to attempt the teaching of the profession, that black is white; but take the advice of an humble individual; desist, thy exertions only create contempt.

"Loose thy neck from this ignoble chain,
And boldly say thou'rt *free*."

With these admonitions, I leave you, friend, to your own reflections; and, in rubbing the surface of your bantling, I shall, of course, address myself to the tribunal, at the bar of which you have *thrust* yourself; and first, if Dr. Davis's *repeated applications*, during some months, had really failed to elicit any information of and concerning the pelvis—if the "wonderful story" really was offered *after* those reprated applications, it is "passing strange," but no less strange than true, that the Doctor did not CONDESCEND to state such to his class, notwithstanding Darwin's lines must have rung in his ears—

"To hear an open slander is a curse,
But not to find an answer is much worse."

He "quietly pocketed the affair," affording his pupils a tolerable specimen of candour and honesty; and the only observation in Mr. Fenner's letter, worthy of aught save contempt, is, that he "thinks some further explanation necessary."

The *twaddle* and *tomfoolery* about Mr. Davies's negligence, is perfectly ludicrous. Had the pelvis been placed in his bed-room, in lieu of his cellar, the Doctor and his disciple would have just cause for complaint, but the latter was the proper place for the maceration of "this most perfect specimen." And I take it, every member of the profession, save Mr. Fenner, would have somewhat else to occupy his time and attention, than the daily visit to a putrifying mass. "Neglected for a fortnight," forsooth! Really, Mr. Fenner, "in his sagacity," appears to think that the process of maceration is accomplished in a few hours, and the same wonder-working sagacity led him to believe, mayhap, that every member of the profession is possessed of the information, that he has "rats in his house."

Mr. Fenner says, that Mr. Davies should have *immediately* informed *his friend* of the "extraordinary catastrophe," and we have not one tittle of evidence, to prove that the said information was not afforded; but "merely for the sake of argument" we will suppose the reverse, and I affirm that the *value* of the pelvis is quite sufficient to explain Mr. Davies's reluctance.

Mr. Davies's non-exhibition of "the few hard pieces," proves nothing. Was it for him, or any other member of a liberal profession, (again excepting Mr. Fenner,) to anticipate the Doctor's Jewish disbelief? Was it for a gentleman, in his dealings with a gentleman and "a friend," to bear in his hand the proofs of his statement? But I incline to think, that Mr. Fenner "measures others' corn by his own bushel"

1st. in supposing that Mr. Davies would act dishonestly and infamously, in retaining the preparation; and, 2dly, in supposing that Mr. Davies would unblushingly and PUBLICLY utter a foul falsehood.

I am no friend, Mr. Editor, of the object of Mr. Fenner's slander and buffoonery, acting only on the principle, "that I do unto others," &c. I am, Sir, yours, &c.

April 28. J. G. E.

TO CORRESPONDENTS.

The papers of—"A Constant Reader"—"An Enemy to all Humbug"—and Mr. J. H. B., are under consideration.

A perfect Number shall be forwarded to Mr. T. Ross in the course of next week. The fault was not with the printer, but with the stitcher.

The letter of "Testator" will appear with better effect previously to the commencement of the next Session, than at the termination of the present.

If "Anti-Humbug" will authenticate his letter, it shall be inserted.

For exposures of the "inefficiency" of a certain person, "Chirurgical Reformer" is referred to nearly the whole of the reports, in which the name of that individual has been mentioned. Many of his performances have, indeed, been *bad enough*, but the last was "too bad."

We will speak to our reporter respecting the case alluded to by A. H.

Ruffle Mrs. Dr. Lyle comft. g. C.

Confin 2 Juedry acquitted with Twins
Ins 3 confinement

Taken with violent chill and great
pain & tenderness of the abdomen pulse
about 140 at 3 o'clock on Sunday 7th
stood at 50 clock. Bladder feel drew off
1½ lt of Urine not much relief experienced
Pulse to 35 or which produced a tendency
to syncope gave 25 Drops of Lly Urine
had been relieved the evening previous
complained of sickness

J. A. M. visited again found her much
relieved still complains of back pain or
pressure and also of pain in her Breast
pulse small 130 but says she is much easier
has a good master on the chin
Ordered Spr of Calomel in a Pill & be taken directly

1 o'clock pd Bee 126 from Mr Watson Letter but her
felt it was necessary to Dr Calling 1120 off
of P the Poor letter still great pressure
but decreasing no urine voided DC —
the local diminished but still plentiful
sweat of a cool clammy perspiration passing
but were thick no headache Belly
wants to drink lies on her back
pains in legs